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The newsweekly for pharmacy

January 29, 1994



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Source: A C Nielsen Total Pharmacy £12 m/c S/O '93.

**Boots sue ex-Crookes md for fraud**

**Pharmacy firm wins needle exchange tender**

**Liverpool link with neighbours**

**LPCs question future format of PSNC**

**Beconase goes P for hayfever**

**Update on toxic shock plus Research Digest**

**Script fraud and drug abuse sees two struck off**

**700 jobs go in Fisons shake-up**

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Tel: (0705) 219900

## EDITORIAL

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**Deputy Editor:** Patrick Grice, MRPharmS  
**Contributing Editor:** Adrienne de Mont, MRPharmS  
**Assistant Editor:** Jane Feely, PhD, MRPharmS  
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Ron Salmon, FRPharmS

**PUBLISHING DIRECTOR**  
Felim O'Brien

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## Comment

The on-cost of between 16 and 25 per cent paid to appliance suppliers has for a considerable time been a source of annoyance to pharmacy contractors. Last year (October 30) Xrayser, while appreciating the need to provide a complete service to all patients, balanced his professional sentiments against business pragmatism, and decided he would no longer seek to dissuade patients from using mail order suppliers for their ostomy scripts.

This is a sorry situation for any pharmacist to find him or herself in, and Xrayser is far from being alone. Obviously anything that could make appliance prescriptions more attractive financially would be welcome, which is why a scheme from an appliance wholesaler in the Midlands is attracting attention (p153).

Towards the end of last year, D. Wardle & Son, who also hold an appliance dispensing contract and whose managing director describes the on-cost discrepancy as "ludicrous", claim to have been approached by a pharmacist customer faced with the same dilemma as Xrayser. The outcome is a scheme from which, on the face of it, everyone derives a benefit except for the taxpayer, who ultimately ends up footing the bill. Word of the scheme has been spreading like wildfire, according to the company.

The appliance wholesaler is able to "fund" the scheme from the generous on-cost he receives, say passing on 15 per cent to the pharmacist while retaining 10 per cent and benefiting from a higher stock turn. The pharmacist is able to offer a comprehensive service without having to pay to do so and the patient is offered a better service.

The rub is that, according to the PSNC, the scheme may well contravene the pharmacist's contractual undertakings, although this is not the impression the National Pharmaceutical Association has been giving concerned callers. The wholesaler feels there is nothing to be worried about legally — and for him there may not be.

Whatever the situation, such a scheme might never have existed if the Department of Health had acted to eradicate this remuneration anomaly as it has repeatedly been urged to do. This situation should not escape the attentions of Touche Ross, who are currently looking into the system of payment for appliance suppliers with a view to reporting to the DoH some time after April.

Let us hope they will recommend a more rational reimbursement policy which will obviate the temptation for pharmacists to "bend the rules" to provide a satisfactory service to patients.

## GP struck off after pharmacists' suspicions

A London GP who prescribed nearly 19,000 controlled tablets and capsules to a single patient has been found guilty of serious professional misconduct by the General Medical Council.

The Council ordered that the name of Dr Graham Edlin be removed from the register. He has 28 days to appeal.

The disciplinary hearing was told that pharmacists in the Kensington area had become increasingly concerned that the patient, Mr K, was selling the drugs to addicts.

However, when one worried pharmacist phoned the doctor at his home in Wellington Road, St John's Wood, to voice his concerns at the over-prescribing, Dr Edlin said "I am aware of that" and rang off.

Rosalind Foster, GMC barrister, told the hearing that Dr Edlin's prescribing of Tuinal and Dexedrine stretched from January to July last year. Mr K was prescribed 12,400 Dexedrine and about 6,300 Tuinal on NHS and private prescriptions.

Miss Foster said that matters came to light after inspections by Royal Pharmaceutical Society officer Janet Edgington of three pharmacies in the Kensington area. She found extremely frequent prescriptions for drugs for Mr K on the same date.

One of the pharmacists noticed that three of four people were waiting outside his shop for Mr K to emerge with the drugs.

Mr Andrew Hopton, counsel for Dr Edlin, said his client accepted that his prescriptions for Mr K had been "irregular and irresponsible".

He added: "Things clearly got out of control and the doctor fell into error by not putting his foot down and saying 'no more'."

## Professor defends OTC move for H<sub>2</sub> antagonists

"Anxiety over inappropriate self-medication is no more substantial for H<sub>2</sub> antagonists than for antacids," according to Professor Roger Jones, chairman of the Primary Care for Gastroenterology Society.

Writing in *Mims Magazine Weekly* (January 25), he says concern that the drugs will be used in patients with undiagnosed ulcers and cancers is unjustified. Most dyspepsia sufferers do not consult their GPs about their condition, preferring to self-medicate with antacids.

"Perhaps the questions that pharmacists will be advised to ask

# Humberside pharmacists win exchange tender

Pharmacists participating in South Humberside's syringe and needle exchange scheme have won a bid to operate and manage the scheme in its entirety, including responsibility for non-pharmacy exchange outlets.

The victory has been hailed as the most significant move in needle exchange schemes, and one that could act as a model for the rest of the country.

The exchange scheme was operating for almost two years before Grimsby and Scunthorpe Health Authority decided to put its management out to tender. This prompted the ten pharmacies involved to form the Freelance Group, a non-profit making company, and to submit an application.

The Group's bid beat those of two other interested parties. The fact that the other parties would require a full-time employee to run the scheme is believed to have worked in the pharmacists' favour.

"The scheme involves three experts in their own fields," says Tim Cottingham, the Freelance Group's secretary and treasurer.

He will oversee the financial aspects, while vice-chairman Dr Rod Tucker is responsible for data and statistics and chairman Colin Keenan is training to be a drugs counsellor.

Grimsby and Scunthorpe HA, known as United Health, is providing funding for the scheme, from purchasing equipment to transaction fees for participants.

Further funds will be available to expand the scheme to more sites.

The current contract will expire at the end of March 1995, but may be extended by a further 12 months.

All participants will receive payment in line with PSNC proposals and will be paid quarterly. The management team will also be paid for administration work.

Pharmacists who work for multiple pharmacies will have payment split equally between the company and pharmacy manager.

"Pharmacy managers can refuse to do needle exchange schemes," says Mr Cottingham, "and if they do wish to do, then that should be recognised."

Training will be provided to new members of the organisation on a one-to-one basis, with another two to three pharmacies scheduled to join the scheme this month.

They hope to encourage the interest of intravenous drug users who have not previously been targeted, such as steroid abusers. It is anticipated that this will get underway after Easter.

## GP budgets to rise by 12 per cent

The Government has increased its allocations to regional health authorities for medicines prescribed by GPs by 12.3 per cent for 1994-95.

In cash terms, this represents planned spending on drugs and appliances in England of £3.2 billion, 20 per cent up on 92-93.

Health Minister Dr Brian Mawhinney said the Government was determined to ensure patients received the medicines they needed. But it was important to reduce "inappropriate and uneconomic prescribing" which, he said could be harmful to patients and waste resources which could be used elsewhere.

"The National Audit Office has identified areas of wasteful practice such as some repeat prescribing," Dr Mawhinney said. "Some doctors still prescribe expensive brand name drugs where generic alternatives would be equally effective and acceptable to patients."

The Association of the British Pharmaceutical Industry welcomed the news of the increase in the drugs budget. Medicine prices in real terms were now 15 per cent lower than ten years ago, they said.

## Pharmacists are 'under-used', Select Committee is told

"The community pharmacist is an under-used professional," Dr Jonathan Shapiro, of the Health Services Management Centre in Birmingham, told members of the House of Commons Select Committee on Health last week.

The Family Health Services Authority Standing Committee told the Select Committee: "Greater use should be made of the expertise and experience of pharmacists — particularly community pharmacists."

This could be done in a number of ways:

- Introducing legislation to enable community pharmacists to generically substitute for prescribed items. Clive Parr of Hereford and Worcester FHSAs said that many family doctors do not know the generic equiv-

alent of some branded drugs.

"If there was a box on the prescription that they could tick to indicate to the pharmacist that they want it dispensed generically, that would be very helpful."

- Involvement in repeat prescribing to avoid the necessity of patients having to request and call at their GP's every time a prescription was needed.
- Pharmacological input into the development of practice formularies.
- Providing health promotion and advice in collaboration with other health professionals. The FHSAs Standing Committee believes this should be encouraged as it is "convenient to patients and avoids unnecessary GP consultations and NHS drug expenditure".

The role of pharmaceutical advisers was endorsed. Mr Parr said: "In terms of encouraging prescribing, they save their salaries over and over again."

However, the money they saved was not returned to the FHSAs but to the Treasury, providing little incentive to FHSAs to employ them.

Proposed additions to the Selected List are being initiated on a price basis rather than on clinical evidence, Dr Shapiro said.

Expressing misgivings about the rationale behind additions to the Selected List, he claimed: "Nicotine patches have been shown to work but cannot be prescribed. Topical non-steroidal anti-inflammatories can be because companies have recently agreed to drop their prices, yet they have been shown to have a limited efficacy."

## Appliance wholesaler scheme which helps pharmacists questioned by PSNC

A scheme in which an appliance wholesaler uses pharmacists as "agents" for prescription business has been attracting widespread interest in the West Midlands.

But the Pharmaceutical Services Negotiating Committee has warned that the scheme, which would appear to offer benefits to patients, pharmacists and the wholesaler, could be putting contractors in breach of their terms of service.

Andrew Wardle, managing director of D. Wardle & Son Ltd, a long-established and reputable appliance wholesaler with depots in Stoke-on-Trent, Stroud and Neath, says that last year the company was approached "by a pharmacist who wished to remove from his business the adverse effect of expensive ostomy prescriptions".

The company now offers a scheme which, C&D understands, works as follows: a patient submits a script at the pharmacy from where it is forwarded to the appliance wholesaler (who also holds a dispensing

contract). The wholesaler supplies the goods to the pharmacy which issues them to the patient.

The wholesaler forwards the script to the Pricing Authority for reimbursement and pays the pharmacist a fee for acting as an agent on their behalf.

Mr Wardle says that, at far as he is aware, the scheme breaks no rules. As news of it has spread on the grapevine, the company has been approached by an increasing number of pharmacy contractor, he says. Existing customers have been informed of the situation, but Mr Wardle was not prepared to say how many contractors are now participating in the scheme.

The scheme is commercially viable because of the high level of on-cost paid to appliance contractors, which varies from 25 down to 15.8 per cent depending on the number of scripts dispensed.

Mr Wardle says the on-cost discrepancy is "ludicrous", and that there is an enormous disincentive for pharmacists to stock expensive appliance items. Direct mail businesses have been col-

lecting the lion's share of new patients because of this, he says.

"The options were to service the business completely ourselves or to do so utilising the valuable skills of the pharmacist," says Mr Wardle. "We opted for the latter, and have asked each individual to act as an agent on our behalf.

"In return for their input, we will provide information and all the back-up necessary for them to offer an improved service to their appliance patients. We also provide a professional fee in recognition of the work carried out on our behalf."

But there are concerns about the scheme. Steve Axon, PSNC secretary, says: "There is a complex legal issue here and we are taking advice."

In the meantime, he is advising that contractors should not get involved in the scheme until the matter has been clarified.

"As far as the PSNC is concerned, we wish to determine whether there is a breach of the pharmacist's terms of service and the Drug Tariff regulations," he says.

## Liverpool LPC networks with its neighbours

Liverpool Local Pharmaceutical Committee is taking teamwork one step further by linking with neighbouring LPCs to further the interests of contractors under the NHS reforms.

The alliance is seeking to establish a working party of committees and organise a regional LPC conference.

The initiative was launched at Liverpool LPC's annual working dinner to which the chairmen and secretaries of neighbouring LPCs were invited, the aim being to share thoughts on ways of presenting and marketing their contractors' talents.

The evening's theme of "Healthy Alliances" was introduced in a presentation by chairman John Donoghue, who then invited thoughts, views and ideas from the floor.

A number of decisions and resolutions were put forward including:

- establishing a working party drawn from all the LPCs present
- engaging contractor pharmacists from all sectors to exploit the opportunities presented by the NHS reforms
- holding a regional LPC conference.

LPC secretary Jeremy Clitheroe told C&D: "During the course of the evening I was delighted to see such a vigorous

and imaginative debate on a multitude of issues."

There was also unanimous support for Liverpool LPC's resolution to be presented to the Pharmaceutical Services Negotiating Committee conference next month, which asks the PSNC to employ and resource a national practice development officer.

This support was reflected in a priority decision for the new LPC

working party to discuss the employment of an experienced community pharmacist to act as a local liaison officer and to market community pharmacy services to the purchasing authorities in the Mersey region.

At the end of the evening, Mr Donoghue said it was time for Mersey pharmacists to start shaping events rather than reacting to them.

## Halcion trial adjourned

The Halcion libel trial has been adjourned for 12 days to allow Mr Justice May, who is hearing the case without jury, to read literally thousands of pages of documents relating to the case (C&D last week, p 117).

The documents chronicle Professor Ian Oswald's re-examination of 10,000 Halcion test results, which he claims were manipulated by the company to disguise the high incidence of side-effects such as paranoia, amnesia and violent behaviour.

His concerns were first raised in a letter to *The Lancet*, repeated in a BBC *Panorama* programme and then in a front page article in the *New York Times* in 1992.

Last Wednesday, the court was told that a meeting was held at The Upjohn Company's headquarters in Michigan in August 1991 after Prof Oswald had voiced his concerns in *The Lancet*.

According to a confidential electronic internal memo by Upjohn executive N.J. Lawrenz, who attended the meeting on behalf of a superior, the company was fully aware of the data manipulation, Geoffrey Shaw QC, for Prof Oswald, told the court.

Prof Oswald is being sued by Upjohn over the *Panorama* programme and the *New York Times* article. A top Upjohn executive, British-born Dr Roy Drucker, is also suing the former Edinburgh professor after allegedly being libelled by him in the programme. Prof Oswald and the BBC deny libel.

Prof Oswald is counter-claiming for libel against Upjohn over comments made about him in the *New York Times* article.

The trial will resume on January 31 when the first witness will be Upjohn executive Lee Smith.



# LPCs question future structure of PSNC

The structure and staffing of the Pharmaceutical Services Negotiating Committee will come under close scrutiny at this year's Local Pharmaceutical Committee Conference, with a number of motions calling for change.

Spearheading the move, Hertfordshire LPC is calling for a working party to be set up to investigate PSNC's constitution.

This working party, reads the motion, should be selected from at least four members of the LPC Conference who are not elected members of any other pharmaceutical body. The secretary of the PSNC and one representative each of the National Pharmaceutical Association, the Company Chemists Association and elected members of the PSNC are also to be included.

A second motion from Hertfordshire, already given coverage in the pharmaceutical Press, recommends that the PSNC chairman should not serve more than two years, save in exceptional circumstances, and in any event not more than three (C&D last week, p116).

Other motions calling for change include one from Liverpool LPC which asks the PSNC to appoint and resource a "competent and experienced" practice development officer.

Barking & Havering LPC has asked that, in light of the forthcoming changes in the strategy of health service pharmacy administration, the staff of the PSNC should be modified to incorporate a health

## Pet care week in May

National Pet Care Week will be taking place in the first week of May with the theme "Healthy pets, healthy people".

The Week has been incorporated as a limited company (in a similar manner to the Pharmacy Healthcare Scheme) by the four participating organisations, the Royal Pharmaceutical Society, the British Veterinary Association, the Pet Food Manufacturers Association and the National Office of Animal Health.

Events will take place locally and on a national basis. Information on local events in which pharmacists can become involved can be obtained from Floss Slade, secretary, National Pet Care Week, PO Box 101, Northwood, Middlesex HA6 3RH, tel: 0923 836333.

economist and a social scientist.

NHS remuneration dominates the agenda at this year's Conference, taking six of the 19 listed LPC motions.

Redbridge & Waltham Forest LPC is asking the Conference to reconsider an "in profession" compensation scheme for pharmacies dispensing more than 500 but less than 1,500 prescriptions a month, should they wish to surrender their NHS contracts, "thus increasing the profitability of the erstwhile competitors".

City & East London LPC is asking for additional monies to cover the cost of attending further education courses, and Buckinghamshire LPC is seeking assurances that local welfare milk schemes will not be jeopardised by a national scheme.

Essex LPC is asking that the PSNC puts pressure on the Royal Pharmaceutical Society to make the act of taking in an NHS prescription, for dispensing at another location, an offence against the Code of Conduct for Pharmacists.

As Essex points out, these pharmacies have no control over the dispensing and checking of the prescriptions which they then give out to their customers.

Once again the annual PSNC dinner comes up for discussion, with Bolton and Somerset LPCs both asking that it be abandoned because of the costs.

The PSNC points out that LPCs voted last year by 63 to 13 in favour of keeping the dinner in its current format, but promises that another poll will be carried out at this year's Conference.

## Homoeopathic products to be registered

A Homoeopathic Registration Scheme is to be set up covering homoeopathic products for human use, Tom Sackville, parliamentary secretary for health, announced this week.

The Scheme will confirm a product's quality and safety but will not determine its efficacy or provide therapeutic indications.

All registered products will state clearly: "Homoeopathic medicinal product without approved therapeutic indications". The product will also carry a registration number (prefixed HR).

No homoeopathic products have been licensed since the introduction of the Medicines Act 1968 because of the difficulty of providing conventional proof of efficacy.

Mr Sackville says: "Under this scheme evidence of quality and safety is all that is required."

## Efamol allegations provoke manufacturers' fury

Manufacturers have hotly contested accusations that borage oils and some evening primrose oils may be making unjustified claims and may even be dangerous.

Dr David Horrobin, Efamol's chief executive, said last week that while Efamol evening primrose oil had been subject to over 200 clinical studies and a million person years of safety experience, the same was not true for other brands.

The results for Efamol could not automatically be extrapolated to other oils, and manufacturers should do their own tests for efficacy, safety and quality before making claims, he said.

The presence of gamma linolenic acid in an oil was no proof of efficacy, he said. Borage oil was a good source of GLA but was chemically very different from Efamol. Recent independent study in *Nutrition Research* had shown that borage oil encouraged platelet aggregation.

Although the study involved only six people, Dr Horrobin believes it should act as a warning about possible long-term dangers.

"I am concerned that if unsafe oils are used, it will bring all GLA products into disrepute," he said.

Dr Horrobin went on to say that GLA is highly susceptible to oxidation to harmful peroxides, a process which is prevented in nature by stabilising factors in the seed.

With Efamol, these stabilising factors are not removed when the oil is extracted. But some oils, particularly the poorer quality

ones from China, need refining which removes the natural anti-oxidants.

Recent analysis of 30 brands on the UK market found that 27 had lost most of these anti-oxidants. Unrefined Efamol stays stable indefinitely, said Dr Horrobin, whereas the refined oils deteriorate.

Seven Seas have refuted the accusations as "the worst kind of mud-slinging".

Their Super Evening Primrose Oil (which also contains borage oil) has been on the market for over ten years and they say it has been subject to rigorous quality control and purity testing. There

have been no safety problems with their products or any reported for competitive products in the dosages sold in the UK, they say.

Roche Products say there is no evidence that borage oil is more likely to lead to thrombosis or heart disease than evening primrose oil. The study quoted used 20 to 50 times the recommended dose of borage oil.

Claims that GLA in evening primrose oil was more active than in borage oil were not supported by the data, say Roche, who are "dismayed" by information "which will serve only to confuse the consumer".

## Prereg's father gets life

Derek Fleming was jailed for life at Leeds Crown Court last Tuesday for the murder of his preregistration pharmacist daughter.

Fleming bludgeoned 23-year-old Linda to death with a lump hammer in the utility room of their home on January 22, 1993. He then bundled her body into a bag and dumped it in a roadside ditch on remote moorland.

During the hunt for Linda, Fleming took part in a televised Press conference when he pleaded for her to return home. Her body was found nine days later.

Fleming said he did not fully recollect the events surrounding her death. He said in evidence that Linda had been trying to talk to him about her problems on the

morning she died but he had told her they would discuss them later. He claims she gave him a violent push and shouted: "That's all you think of, you and your bloody work."

Fleming said: "I remember going back towards Linda and remember my left hand being on Linda's shoulder and my right hand swinging over. I accept I hit Linda with the lump hammer."

Fleming denied he had killed Linda after she discovered he was having an affair and was planning to run away to Spain with his lover of 16 years, Ann Deardon.

Fleming, a joinery firm manager, admitted manslaughter but denied murder. The jury took three and a half hours to unanimously find him guilty of murder.

## CPP offers regional help

The College of Pharmacy Practice has set up two study groups in the London area and has finalised arrangements for an examination school in Perth.

The first meeting of the Ealing group will be on February 2 at the Pharmacy Department, Ealing General Hospital at 7pm. For details contact Susan Edge on 081-846 6851 (work).

The Central London study group will meet on March 16 at the Pharmacy Department, Middlesex Hospital. For details contact Nick Hooker on 071-380 9848 (work) or 0442 216473 (after work).

The Perth examination school will deal with the supply and dispensing of medicines assessment (Assessment A).

It will be held on February 13 at the Murray Royal Hospital, Perth from 10.30am to 4pm. Cost is £20 for CPP members and £30 for non-members.

## Premises rise again in December

The number of premises registered with the Royal Pharmaceutical Society of Great Britain rose by just four in December last year to reach a total of 12,099. The total has remained over the 12,000 mark since July 1993.

England saw the most change, with 13 premises commencing trading while ten were deleted from the register. In London, where figures are recorded separately, there was an overall decrease of just one.

In Wales, two pharmacies commenced trading and there were no deletions, while in Scotland there were no changes.

## Shingles helpline

Help the Aged are launching a leaflet on shingles and will be running a free patient telephone advice line from January 31 until February 4.

The move was promoted by a survey which showed that only a quarter of shingles sufferers were given written information about the condition and more than 80 per cent would welcome a telephone advice line.

"The lack of awareness of the symptoms tends to be one of the main problems associated with the condition," says Dr Sandy MacNair, the London GP who will be manning the advice line during office hours. It can be called on 0800 410000.



## Chance to display an involvement

I have still to see the eight health promotion leaflets selected by my family health services authority. Yet, even at this stage, we are being warned by the Pharmaceutical Services Negotiating Committee to beware of the "greater than eight" requests which exceed our statutory obligations (*C&D* January 22, p116).

If I am asked to display one over the eight, I would probably co-operate if the approach was constructive. But what is more important is knowing what the FHSAs has in mind.

These health promotion leaflets provide a unique opportunity for community pharmacists to be actively involved with their FHSAs in promoting pharmacy as well as health. To this end their style will be crucial.

Many FHSAs will take the easy way out and provide off-the-shelf leaflets which, although satisfying the legal requirements, either duplicate

existing initiatives or are totally unsuitable for community pharmacy. Far better would be for a little time to be taken with the decision and a continuing campaign in co-operation with the LPC.

These leaflets could also encourage the public to take responsibility for treating their own problems by, if necessary, purchasing products through the pharmacy. Of particular current interest are smoking cessation and dietary folic acid supplementation.

Properly organised, these leaflets have the potential to beneficially promote community pharmacy and most FHSAs are looking for co-operation. But they must not be viewed as another bureaucratic imposition — otherwise that is exactly what they will become.

## Government ambition achieved?

Many years ago, soon after I was married, my wife was a shadow of her present self — so slim, in fact, that she was worried about anorexia and a visit to the doctor became necessary. Periactin was prescribed with miraculous results. She slept like a log but, when occasionally awake, ate like a horse. Her weight rocketed and her problems receded.

Since those days I have carefully suggested Periactin to a number of patients concerned about loss of appetite, and positive benefit has usually been achieved. But in all that time I have rarely seen it used as an antihistamine since the drowsiness problem can be quite severe.

I now learn that the indication for appetite stimulation has been deleted which seems a shame considering that, in my experience, that was its only real use! Merck Sharpe & Dohme explain cryptically that the drug has been used inappropriately in some

developing countries.

What, might I ask, has that to do with its use in Britain? Or has our enlightened Government at last achieved its ultimate ambition and reduced us to Third World status?

## Fixed term chairman a bad idea

The amount of criticism levelled against the PSNC seems to vary directly with the difficulties experienced in negotiating with the Department of Health. When things are going well, they are a collection of jolly good chaps but, when things are going badly, it's "off with their heads"!

An example of this knee-jerk approach is the motion submitted by Herts Local Pharmaceutical Committee which seeks to limit the period of office of the PSNC chairman.

This chairmanship of the PSNC requires a political dexterity which few of us possess. It also requires time to establish the personal relationships which allow that chairman to become effective. The danger in prolonged appointments is that other members are unable to gain experience and the position itself, if not challenged, can encourage arrogance and autocracy.

But no committee can function effectively without a good chairman. The best determinants of that quality must be the members of the committee and it is they who must control the tenure and power of their own chairman.

If the chairmanship is forced constitutionally to change at pre-determined intervals, then invaluable experience and continuity will be lost. I suspect the DoH will be seen to make even better mincemeat of our negotiators than they do at present.

## Clairvoyant!

My powers of prophecy have been vindicated. Wellcome have already reduced the price of Zovirax shingles pack from £113 to £107.30 (*C&D* January 22, p120). It is only 5p less than Famvir, still insufficient to effectively compete, but the night is yet young!

# Topical REFLECTIONS

# Script specials

## Lescol added to lipid-lowering armamentarium

Lescol, from Sandoz, is a new cholesterol lowering agent containing fluvastatin licensed for patients with primary hypercholesterolaemia ( $>6.5\text{ mmol/L}$  cholesterol) who do not adequately respond to dietary control. Fluvastatin is a competitive inhibitor of HMG-CoA reductase, responsible for the conversion of HMG-CoA to mevalonate, a precursor of the sterols including cholesterol.

Before a patient begins treatment with Lescol, secondary causes of hypercholesterolaemia should be excluded and the patient placed on a standard cholesterol-lowering diet which should be continued during

Lescol treatment.

Each pack contains details of the Riskcheck service to help the patient modify their lifestyle.

**Product licence holder:** Sandoz Pharmaceuticals (UK) Ltd, Frimley Business Park, Frimley, Camberley, Surrey GU16 5SG

**Presentation:** Gelatin capsules containing 20mg or 40mg fluvastatin

**Indications:** Primary hypercholesterolaemia in patients who do not adequately respond to dietary control

**Dosage:** The recommended dose range is 20 to 40mg once daily in the evening

**Contraindications:** Known sensitivity to any component of

Lescol, severe renal impairment, active liver disease, under 18 years of age, pregnancy, breast-feeding

**Precautions:** Liver function tests should be performed before treatment starts

**Interactions:** Bile acid sequestering agents, immunosuppressive drugs

**Side-effects:** Unusually mild and transient including dyspepsia, nausea and insomnia

**Legal category:** POM

**Packs:** Calendar packs of 28 capsules 20mg (£14.90) and 40mg (£15.90)

**Product licence numbers:** 20mg PL 0101/0360, 40mg PL 0101/0361

### PSNC news

The PSNC says that, due to supply problems, the Department of Health has agreed that the following items shall be in Category D of Part VIII of the Drug Tariff from January 1: Labetalol tablets BP 200mg; Mebeverine tablets BP 135mg; and phenobarbitone tablets BP 100mg. Pharmacists should endorse brand/manufacturer and pack against prescriptions for these items otherwise the existing Drug Tariff price will be used for pricing purposes.

### IV Axid

Eli Lilly have launched an intravenous version of Axid (nizatidine). The new formulation, which is designed for hospital use, is available as a 4ml ampoule containing 100mg of nizatidine. Packs of five ampoules are available at a direct hospital price of £5.46. Eli Lilly & Co Ltd. Tel: 0256 473241.

### Tarivid 200mg tabs

The appearance of Tarivid 200mg tablets is changing with immediate effect. The Hoechst logo now appears on one side of the break line and the letters MXI on the other side. Hoechst Pharmaceuticals Ltd. Tel: 081-570 7712.

### Oruvail 150mg

Rhône-Poulenc Rorer are extending the range of Oruvail products with Oruvail Capsules 150mg  $\times$  28. The basic NHS price is £9.31. Rhône-Poulenc Rorer Ltd. Tel: 0323 721422.

### Marcain polyamps

Marcain Polyamp Steripack 0.75 per cent is a new presentation of bupivacaine hydrochloride. The unbreakable polypropylene ampoules with an opening tag allow a standard Luer/lock fit syringe to be attached to the ampoule. It is available in units of 10  $\times$  10ml (£19.01). Marcain Steripack 0.75 per cent in a glass ampoule has been discontinued. Astra Pharmaceuticals. Tel: 0923 266191.

### Metenix cartons

The carton size of Metenix 100 tablets will be increasing from February 1994 so that a product information leaflet can be included. Hoechst Pharmaceuticals. Tel: 081-570 7712.

### Neupogen new C/I

Severe congenital neutropenia (Kostman's syndrome) with abnormal cytogenetics is a new contra-indication to the use of Neupogen. Roche Products Ltd. Tel: 0707 366000.

## Manerix not yet first-line treatment

Manerix (moclobemide) cannot yet be recommended as first-line treatment for depression, says the latest *Drug and Therapeutics Bulletin*.

Roche, who launched the drug in the UK last year, claim it is a "first-line treatment for major depression". But the Consumers Association says the value of moclobemide in the treatment of patients with depressive illness cannot be judged until the drug has been compared with tricyclic antidepressants in the full dose range.

Moclobemide is a reversible inhibitor of monoamine oxidase A, which preferentially breaks down serotonin (5-HT) and noradrenaline as well as dopamine.

Compared with traditional MAOIs, interactions between moclobemide and food (tyramine) and drugs (opiates, sympathomimetics) appear less likely and easier to manage.

Moclobemide is a short-acting drug, so interactions can be avoided if treatment is stopped 24 hours before another drug is given.

The *Bulletin* reported that therapeutic doses of moclobemide in combination with a SSRI appear to be safe. But Roche say this is not consistent with the Manerix product licence and is contraindic-

ated on the Data Sheet.

Moclobemide was found to have no appreciable effect on body weight, unlike tricyclics and traditional MAOIs, both of which can cause weight gain.

The *Bulletin* concludes that the evidence currently available suggests moclobemide is probably less effective than the older, cheaper tricyclics.

Roche say the *Bulletin* article appears to be "biased in favour of the tricyclic antidepressants". They further state "the conclusion that moclobemide should not be used as first-line treatment and the suggestion that the TCAs are more effective is unjustified based on available evidence."

## Mediterranean diet for hyperlipidaemia

A lack of long-term studies means the optimal diet for the treatment of hyperlipidaemia is still not known.

But a study published in the *British Medical Journal* investigating the effects of different diets on hyperlipidaemic patients concluded that a Mediterranean-like diet is suitable for treatment.

In the first diet, the reduced saturated and total fat was re-

## Eczema gives poor quality of life

Chronic eczema adversely affects personal, sexual and family relationships of sufferers as well as causing difficulties in employment, says a survey conducted by the National Eczema Association.

The survey of 92 subjects revealed that 80 per cent felt their family life had been affected; half believed personal relationships were affected; and 60 per cent stated that their sex lives had suffered.

Eczema also influenced career decisions, with young men and middle-aged women being most affected. Some 42 per cent estimated their loss of income in the past year because of the condition to be an average of £7,236.

placed by increased carbohydrate and fibre. In the other, reduced saturated fat was replaced by increased unsaturated fat.

Both diets significantly decreased plasma concentrations of LDL cholesterol and triglycerides. The first would be monotonous, but a combination of the two resembles diets consumed in areas of Italy where cardiovascular disease is low.

KEEP ACID  
WHERE IT  
WORKS  
NOT  
WHERE IT  
HURTS



If heartburn is left untreated, hydrochloric acid in the stomach's contents can cause *damage* to the oesophagus.

**Gaviscon** protects the oesophagus by forming a *physical alginate barrier* which keeps acid in the stomach – where it works, and away from the sensitive oesophagus lining – where it hurts.

**Gaviscon** stops acid reflux and relieves the pain of heartburn in 8 out of 10 patients.<sup>1</sup>

Relieve the pain and reduce the damage caused by heartburn. Recommend **Gaviscon**.

**GAVISCON**  
Keeps acid where it works  
not where it hurts

**Prescribing Information.** **Active Ingredients:** Liquid: Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose. Gaviscon 250: Tablet: Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Gaviscon Liquid: Heartburn, including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Gaviscon Liquid: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Gaviscon 250: Adults and children over 12: 2 tablets to be swallowed thoroughly as required. Children under 12: Not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 100ml £1.60, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0103 Gaviscon 250. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Danson Lane, Hull HU8 7DS. **GAVISCON** and the sword & circle symbol are trademarks. **Date of preparation:** 1/3/93 **Reference:** 1. Chevrel B (1980) *J. Int. Med. Res.* 8: 300-302.

**RECKITT & COLMAN**  
PRODUCTS

# THE E45 ASSETS

ARE NOW MORE LIQUID



LOTION  
E45

dermatological  
moisturising  
lotion

SOOTHES AND SOFTENS  
DRY SKIN  
UNPREDUMED  
NON-GREASY

BEST NEW  
BODYCARE  
PRODUCT

The arrival of new Lotion E45 last April has added a lighter touch to the E45 range.

But there's nothing light about the assault the new product has mounted on the therapeutic moisturiser market.

Supported by £1,000,000 in consumer advertising, Lotion E45 already holds a 6% share.<sup>1</sup>

Even more important than advertising is the quality of the product itself, which makes it a valuable adjunct to Cream E45.

It's in recognition of this quality that Lotion E45 was voted Best New Bodycare Product.<sup>2</sup>

So make sure you stock new Lotion E45 – for those customers who prefer their E45 assets to be more liquid.

CROOKES  
Healthcare

NEW LOTION E45 ESSENTIAL MOISTURE REPLACEMENT

# Counterpoints

## A week of gargling with TCP

TCP is backing its first National Gargling Week from February 1-6, with a radio advertising campaign in London.

The £100,000 campaign is designed to highlight the use of gargling with TCP for sore throats. Ads will appear on most London radio stations.

In addition, a £125,000 national newspaper advertising campaign will support the brand during February. **Chemist Brokers. Tel: 0705 219900.**

## Daily contact cleaner

Alcon have launched a daily cleaner suitable for use with soft and RGP hard contact lenses.

Called Opti-Clean, the product has the cleaning power of a detergent-type cleaner, with tiny soft nylon beads to remove deposits that ordinary surfactants leave behind.

It comes in a 12ml bottle in outers of 12, and has a retail price of £2.94. **Alcon Laboratories (UK) Ltd. Tel: 0923 246133.**

## Beconase POM to P move

Beconase (beclomethasone dipropionate) is now available without a prescription for the treatment of hayfever following the implementation of the Medicines (Products Other Than Veterinary Drugs) (Prescription Only) Amendment (No 2) Order 1993 on January 21.

Beconase Hayfever is an aqueous formulation containing 50mcg beclomethasone dipropionate per spray and is presented in packs containing 100 sprays (£4.99). It is the only intranasal corticosteroid available for the relief of seasonal rhinitis without a prescription.

The product is being marketed under a joint venture agreement between Allen & Hanburys and Warner Lambert Health Care. Sales and distribution of the product will be through Warner Lambert Health Care on behalf of the manufacturers Allen & Hanburys, who can be contacted for medical information.

Orders can be placed with Warner Lambert representatives from February 1 and stocks will be delivered to pharmacies from March 1, in time for the hayfever season.



The recommended dosage is two sprays into each nostril morning and evening (maximum eight sprays per day). If the symptoms of hayfever have not improved after ten days' treatment with Beconase Hayfever, the patient should consult a doctor.

It is estimated that 15 per cent of the population are affected by hayfever and the OTC market alone is worth £20 million.

Research carried out by Allen & Hanburys suggests there is a low level of satisfaction with current hayfever treatments, resulting in poor brand loyalty. The market for hayfever treatments has grown by 50 per cent over the past three years. This growth is expected to continue as a result of

Government pressure, POM to P switches and rising pollution.

Beconase Hayfever is being positioned as the first line treatment for most sufferers, the four out of five with predominantly nasal symptoms.

According to Allen & Hanburys, the product has the advantages of 20 years' prescription heritage, a powerful anti-inflammatory action, is a unique class of OTC treatment, no drowsiness possible and has no interactions with other drugs.

The market for OTC hayfever treatments is strongly influenced by recommendation of the pharmacist and pharmacy assistants. Therefore, the launch of Beconase

Hayfever will be supported by a pharmacy education programme — a two-part reference and training manual for pharmacists, a pharmacy assistant manual and training video. The training programmes will be made available to pharmacy staff in March.

Consumer information leaflets, point-of-sale material, counter units and display material will also be available to pharmacists.

A £1 million national Press advertising campaign will run over the peak hayfever season. A TV campaign will begin in the London region in April as this area accounts for 33 per cent of the market.

All promotional and advertising material is based on the image of two clenched fists breaking free from a daisy chain, an image many hayfever sufferers strongly identified with.

Beconase nasal spray (aqueous and aerosol formulations) will continue to be available on prescription, and should not be sold OTC as the packs do not meet the necessary legal requirements. **Allen & Hanburys Ltd. Tel: 081-990 9888. Warner Lambert Health Care. Tel: 0703 620500.**

## Cash back on Lite Legs hosiery

Scholl are running a £2 cash back voucher scheme to encourage trial of Lite Legs hosiery. The vouchers are redeemable against any two purchases of Lite Legs.

Support hosiery has a repeat purchase rate of over 90 per cent, say Scholl, and therefore trial would guarantee increased sales.

Vouchers are available from Scholl sales representatives. Also available are holders to attach to the stand together with display wobblers. **Scholl. Tel: 0582 482929.**

## Push for Nicorette

Pharmacia are supporting Nicorette Patch and Gum with a newspaper advertising campaign until March.

And the Nicorette Window to the World competition is open to pharmacists and pharmacy assistants, offering the chance to win the holiday of a lifetime worth £2,000.

Ten regional prizes will be awarded to the runners-up in the window display

competition, each receiving a return flight for two to Paris. Entrants simply have to answer five questions and send a photograph of the window display to Pharmacia.

They are also introducing the Nicorette mystery shopper. If the pharmacist has a Nicorette window display, they could win £50 cash instantly. **Pharmacia Ltd. Tel: 0908 661101.**

## New Nuk distribution

Quest Consumer Products Ltd are taking over the distribution of Nuk teats and baby feeding equipment in the UK.

The brand, made by Mapa in Germany, will be available to pharmacies in

February. The launch range will include bottles, teats, soothers, breast pump, training cup and specialised products.

**Quest Consumer Products. Tel: 081-531 7241.**



Seven Seas have produced an information leaflet for their Höfels healthy heart campaign which will be inserted into women's and health Press in January and March. The leaflet, which folds out to produce a wallchart showing a simple exercise plan, is produced in association with Asset, the Association of Health and Exercise Teachers. It includes general dietary advice and information on the role of garlic in reducing the risk of heart disease. Seven Seas. Tel: 0482 75234

## Some Wisdom for baby

Wisdom are launching a baby toothbrush to meet the dental care needs of babies from 0-3 years of age.

There are currently over 3.2 million under-threes in Britain, and Wisdom claim a 25 per cent share of the non-character junior toothbrush market estimated at around £15 million.

The brush has a long handle and a narrow neck. Antibacterial heat sealing techniques have been used around the bristles where germs are often trapped.

Baby toothbrushes are card mounted with a hippo motif and are available in purple, red and yellow with an rsp of £1.39. The brushes come in clear display casing in packs of 12. **Wisdom Toothbrushes. Tel: 0440 714800.**

## Workout for nails

The Nail Workout Kit is a set of "nail fitness" implements, say Elegant Touch. The set (£4.95) comprises a crystal file, hoof stick and quick shine buffer.

The crystal file shapes and smooths without splitting nails; the hoof stick shapes cuticles and cleans nails; and the quick shine buffer is cushioned and gives "natural looking nails a high gloss".

**Original Additions. Tel: 081-573 9907.**

## OTC correction

The telephone number given for The Mentholatum Co in the January/February issue of *Over the Counter* (p40) was the company's fax number. The correct number is 0734 340117. We apologise for any confusion.

## Free Infaderm

Goldshield Healthcare are offering over £16.50-worth of free Infaderm stock to independent pharmacies. A coupon to apply for the stock is featured in this issue of *C&D, Goldshield Healthcare. Tel: 081-684 3664.*

## Finesse support

Helene Curtis are supporting their Finesse shampoo and conditioners with TV advertising this month. Radio advertising featuring Finesse styling products will begin in February. The total support

# Weleda go for Body Therapy

Weleda are launching Body Therapy, a cruelty-free range of bodycare products, in March. They are also re-packaging a number of products to include them under the Body Therapy banner.

Body Therapy comprises three different skincare ranges: the Almond Range for sensitive skin (cleansing milk, face pack, moisturising cream and skin oil); the repackaged Iris Range for dry skin (moisturiser, night cream, hand gel, cleansing milk and soap); and the Citrus Range to refresh and revitalise skin (body tone lotion, skin food, bath milk and deodorant).

In addition, there is Calendula Babycare which repackages favourite babycare products and incorporates new lines (powder, oil, nappy change cream, moisturiser, soap and shampoo).

The dental range has an improved texture and taste and is now available in 25ml and 75ml size (salt, plant gel, herbal, calendula and krameria). The haircare range has been

re-formulated (chestnut, calendula and rosemary shampoo and rosemary

hair lotion), while the bathcare range has been repackaged (lavender, rosemary, pine bath and citrus bath milk). Prices range from £0.89 to £6.95.

A modular wooden display stand is available which allows retailers to select the lines they wish to stock, alongside special combination trial packs. The stand is available at a special price for the launch.

The range will be supported with a direct mail campaign, targeting 1.5 million consumers, and a £7 million "buy one get one free" offer.

The company's anthroposophic and homoeopathic ranges will also be supported with a £400,000 Press campaign throughout 1994. The full-page adverts will appear in health, vegetarian and family Press.

Weleda will be organising training seminars for pharmacists to help them understand the benefits of natural medicines. **Weleda. Tel: 0602 303151.**



## Clarins gel treats 'sponginess'

Clarins have updated their Body Shaping Gel Concentrate with a new formulation — Body Shaping Gel Ultra-firming — which will be available from April.

The new formulation, a

light gel, is more effective at treating "sponginess" due to several new ingredients and a more readily absorbed formulation, say Clarins.

The gel is composed of nanospheres, which have phospholipid membranes and are the size of intercellular spaces. Active ingredients are slowly released into the skin through the membranes.

Ingredients added to the new formulation are cypress for stimulating the

micro-circulation; red vine to decongest; algae to moisturise and firm; and soya phospholipids to moisturise and assist with the release of active ingredients from nanospheres.

Available in a 150ml tube priced at £21.50, Clarins say the product needs to be applied daily for a minimum of one month. It is dermatologically and allergy tested. **Clarins. Tel: 071-629 2979.**

## A touch of the Islands

Guerlain are heading for the tropics with their 1994 Spring collections Island Fruit and Island Flowers.

The Island Fruit range includes: Teint hydro lifting firming foundation in biscuit (£24.00); Les Voilettes loose powder in perle (£22.00); Pomponette powder blusher in mangue (£17.95); Creme eyeshadow in champagne (£14.50); Harmonies powder eyeshadow in mandarin (£17.95); Creme eyeshadow in pepite (£14.50); Harmonies powder eyeshadow in sevilla (£19.50); Eye pencil in noir (£8.25); Rouge Sublime lipstick in orchidee (£11.00); or nail polish in orchidee or rose (£10.50). **Guerlain Ltd. Tel: 081-998 1646.**

nail polish in papaye and ombre (£10.50).

The Island Flowers range includes: Beauty treatment powder foundation in beige dore (£27.50); Pomponette powder blusher in mangue (£17.95); Creme eyeshadow in champagne (£14.50); Harmonies powder eyeshadow in faro (£19.50); Eye pencil in bleu (£8.25); Rouge Sublime lipstick in orchidee (£11.00); or nail polish in orchidee or rose (£10.50). **Guerlain Ltd. Tel: 081-998 1646.**

## Colgate offers

Two promotions from Colgate-Palmolive are running throughout February.

The Soft & Gentle anti-perspirant deodorant promotion offers an extra 25ml on 150ml aerosols and 20 per cent extra free on the roll-on variant. The promotion will be flashed on pack.

Palmolive shaving preparations, the UK's number two brand, will be available at promotional prices from Unichem, AAH, Numark and Barclays during February. **Colgate-Palmolive. Tel: 0483 302222.**

## Kylie offers skin protection

From Sychem (UK) comes Kylie Skin Guard, a barrier foam which does not contain oils, grease or lanolin, and is completely non-occlusive.

The skin protective works by forming an invisible liquid crystalline barrier on the outer layer of the skin, says the company, which actively repels natural and chemical irritants, preventing penetration.

In 100ml containers, Kylie Skin Guard costs £9.79 and provides enough foam for approximately 150 applications. **System (UK) Ltd. Tel: 0784 449966.**

## Dior's Tendre Poison gets in the mood

Tendre Poison perfume from Christian Dior combines floral notes of freesia and orange blossom, fresh notes of mandarine and galbanum and soft notes of sandalwood and vanilla.

The eau de toilette is a fresh and tender fragrance that "lives in harmony with a woman's moods", say Dior. **Tendre Poison costs: 100ml bottle edt £45.00; 100ml edt spray £47.00; 50ml edt bottle £29.00; 50ml edt spray £31.50.** The range is available from April.

**Parfums Christian Dior (UK) Ltd. Tel: 0273 515021.**

# Waking up with a 24 hour nicotine patch helps the craving stay asleep.



a fact that around 75% of smokers light up within 30 minutes of waking up. Which is why the Nicotinell 24 hour patch is specially designed to fight the early morning craving. By staying by your side all through the night. So it's no surprise that Nicotinell is brand leader, with 57% market

**nicotinell<sup>®</sup>**  
Patch Programme to help you stop smoking

L 7 days supply of large size nicotine patches  
for smokers of 20 or more cigarettes a day

share<sup>†</sup>. What's more, it offers more than double the shelf yield of its nearest competitor<sup>†</sup>. And our new multi-million pound TV campaign in 1994 should really see your sales light up. So stock up on Nicotinell, the smoker's 24 hour partner. You'll be surprised how many you get through.

FURTHER INFORMATION ON NICOTINELL OR TO FIND OUT ABOUT OUR NEW YEAR BONUSES, PLEASE CONTACT YOUR ZYMA HEALTHCARE REPRESENTATIVE OR PHONE 0306 742800 AND ASK FOR SALES SERVICES

© ZYMA HEALTHCARE IS PART OF THE CIBA GROUP. 'NICOTINELL' IS A REGISTERED TRADEMARK. NIELSEN SEPT-OCT 1993

NIC 1A/94

**INDICATION** Transdermal therapeutic system containing nicotine, available in three sizes (30, 20, and 10cm<sup>2</sup>) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. **INDICATION** Treatment of nicotine dependence, as an aid to smoking cessation. **DOSAGE** Stop smoking completely when starting. For those smoking more than 30 cigarettes a day, treatment should be started with NICOTINELL TTS 30 once daily. Those smoking less should start with NICOTINELL TTS 20 once daily. Sizes of 30, 20 and 10cm<sup>2</sup> permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks. **CONTRAINDICATIONS** Non-smokers, occasional smokers, children under 18 years. As with smoking, NICOTINELL is contraindicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases, patch application and known hypersensitivity to nicotine. **PRECAUTIONS** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Persistent skin reaction to the patch. Keep out of the reach of children at all times. **SIDE EFFECTS** Smoking cessation causes many withdrawal symptoms. Most common adverse effects directly related to nicotine patches are reactions at the application site (usually erythema or pruritus). Other events which may be related to smoking cessation include headache, sleep disturbances, gastro-intestinal disturbances, and myalgia. **LEGAL CATEGORY** P PACKS. NICOTINELL TTS 10 (PL0001/0173) in packs of seven patches, trade price £8.21, retail price £14.47. NICOTINELL TTS 20 (PL0001/0174) in packs of seven patches, trade price £8.64, retail price £15.23. NICOTINELL TTS 30 (PL0001/0175) in packs of seven patches, trade price £9.07, retail price £15.99. <sup>†</sup>denotes registered trademark. PL HOLDER Ciba Geigy Plc, Macclesfield SK10 2NX. Further information is available from Zyma Healthcare Holmwood. RHS 4NU DATE OF PREPARATION January 1994

# Colgate blast plaque with Precision

Colgate-Palmolive have introduced the Colgate Precision range to the oral care market.

Available in soft and medium bristles, with a retail price of £2.29, Precision is the first toothbrush to feature three distinct bristle types, say the company.

Short inner bristles remove plaque from the tooth surfaces while long inner bristles clean between the teeth. Splayed outer bristles clean and massage the gum line where plaque build-up can lead to gingivitis.

"We wanted a toothbrush which dentists would recommend but was designed around people's faults," says Michael Bealing, chemist sector development manager at Colgate-Palmolive.

He anticipates that Precision will boost Colgate's market share of the toothbrush sector by 13 per cent, an additional £11.7 million in retail sales.

The launch is being supported with a £3m television advertising campaign which breaks at the start of March, and an introductory 12 for the price of 11 offer to



pharmacists. A free toothbrush will be attached to packs of Colgate's Total in the Summer.

• Colgate-Palmolive are spending £15m this year promoting their dental care range: £9.5m on toothpaste, £3m on toothbrushes and £2.5m on mouthrinses.



Roche Consumer Health have launched Sanatogen Antioxidant, a vitamin supplement containing vitamins E, C and beta carotene. The supplement comes in packs of 50 tablets, costing £4.99. To support the launch, pharmacists are being mailed a free sample which in turn enables them to apply for a free 35mm camera if they place an order for one case before February 28. Roche Consumer Health. Tel: 0707 366000.

## Toiletry distributor

Montagne Jeunesse have appointed Carronshore Marketing International, a division of Scottish Fine Soaps, as distributor from February 1.

Carronshore Marketing currently distributes skincare, toiletries, fragrance and manicure product ranges such as Columbine & Ross, Perlier Natural Recipes, The Still-Room and Pfeilring. Carronshore Marketing International. Tel: 0324 558505.

## Cotton on to Le Clic

The Le Clic range of brightly-coloured compact cameras is now available exclusively through Network Management.

Makers of Le Clic, Concord Cameras UK, were only exposed to the pharmacy trade at Chemex last year and were impressed with the level of interest. Network Management. Tel: 0252 29911.

## Alternative mouthrinse

New from Arrowmed, markers of the herbal Sarakan toothpaste, comes Sarakan Mouthfresh, an alcohol and sugar-free mouthrinse containing toothbrush tree extract and CPC BP.

The effect is zingy, with oils of peppermint, clove and geranium, plus witch

hazel to clear the palate and give the mouth and gums a feeling of glowing cleanliness, says Arrowmed.

The mouth rinse retails at £2.19 per bottle and will be available in outers of 6 x 300ml bottles.

Arrowmed Ltd. Tel: 0420 564300.

## On TV Next Week

CTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Actifed:	C, G
Ajax Compact:	All areas
Andrews Antacid:	All areas except CTV, TTV
Aquafresh toothpaste	All areas
Askit capsules:	STV, G
Beechams:	All areas
Beechams Nurses range:	All areas
Benylin:	All areas
Bisodol:	All areas
Canderel:	G, C, A, HTV, W, CAR, C4, GMTV
Colgate Total:	All areas
Contac:	All areas
Dentu-Creme:	B, G, Y, HTV, TT
Duracell:	All areas
Ibuleve:	A, C, U
Just for Men:	All areas
Lemsip Flu Strength:	ITV C4
1001 Limelite	M
Limelite thick	A, LWT, CAR
Macleans Active Mouthguard:	All areas
Meltus:	STV, G, Y, TT
Mentadent Night Action:	All areas except U, LWT
Mucron:	All areas
Nurofen:	All areas
Nytol:	All areas
Oruvail gel:	All areas
Panadol Ultra:	All areas except TTV
Ponds Nutrium:	All areas except U, LWT
Remegel:	All areas
Rennie Rap-eze:	All areas except CAR
Seabond:	G, HTV, W
Sensodyne:	All areas except CTV, CAR
Sinutab	C4
Solpadeine	All areas except U, CTV, TTV
Steradent:	All areas except BskyB, GMTV, C4, S4
Sudafed:	CAR, C, G, Y, HTV, STV, G, B
Super Poli-Grip	All except U, Y, C, CTV, M, LWT, CAR, GMTV
Sure Sensitive:	All areas except U, LWT
Tixylix:	All areas
Veno's:	All areas

# The bath oil that doesn't just work in the bath.



If the skin is dry, sensitive and irritated, using soap or any bath additives that foam can make it worse. But Bath E45, an unperfumed oil, can make it a lot better.

Bath E45 treats the whole body simply and effectively. Dermatologically tested and allergy-screened, Bath E45 soothes and softens dry, rough, itching skin, while replacing lost moisture. Bath E45 forms a protective film over the skin, and, due to its silicone content, it keeps the moisture in, and the skin feels the emollient effect long after bathing.

Trials provide ample evidence for the superior efficacy of Bath E45. They show that Bath E45 has a longer-lasting effect than two leading bath emollients<sup>1</sup> and compares well with standard therapy<sup>2</sup>.

Available on FP10 or OTC, Bath E45 can be recommended for bathing dry skin, including such conditions as eczema, dermatitis and psoriasis.



## ESSENTIAL MOISTURE THERAPY FOR DRY SKIN

References: 1. Data on file, Crookes Healthcare Limited, Report No. CPD 223A. 2. Data on file, Crookes Healthcare Limited, Report No. MS9142

For detailed information on Bath E45 and the full range of E45 products, contact: Crookes Healthcare Limited, Nottingham NG7 2LJ.

# Citrus Fresh Immac heads plans for 1994

A Citrus Fresh variant and a host of product innovations are spearheading Reckitt & Colmans' plans for their Immac range in 1994.

Innovation and improvement was key to Immac's success in 1993, says the company, and developments to the range in 1994 are expected to increase the range's appeal to women for all their hair removal needs.

Available from March, Citrus Fresh Cream is expected to appeal to women who may have been put off depilatories by their smell. The product is established in Europe and accounts for 40 per cent of cream sales in France.

Retailing at £3.29, the product will be distinguished from existing variants by blue and yellow graphics.

In addition, the company plans a larger 150ml size to the Sensitive cream (£4.99). The launch of a larger size encourages trading up and increased consumption, says Reckitt & Colman.

The third change is to the Wax Strips which will be relaunched to look more appealing on shelf (£5.19). The packs now contain seven strips instead of six.

All products in the range will benefit from further refinements to the pack graphics and colours. All original creams, the lotion and spray will benefit from a lighter fragrance. One product, Easy Shave, has been withdrawn.

Reckitt & Colman will be increasing their advertising spend by 50 per cent in 1994. The successful "bannister" TV ad will be rerun in the Summer and the company



plans to target the youth market in particular.

For the trade there will be incentive deals, point-of-sale material and competitions.

• The newly launched Immac Market Review shows that depilatories grew by 14 per cent in 1993, taking the value of the market to £20 million for the first time.

Immac continues to be brand leader, experiencing a 17 per cent year on year growth, taking its brand share to 54 per cent.

Creams still dominate the market, increasing their share by 28 per cent year on year. Roll-ons grew by 34 per cent in 1993. In the waxes sector, Louis Marcel take the lead with 30.6 per cent of sales.

Boots account for the largest share of sales, but that share grew by only 9 per cent in 1993. Other pharmacies showed a 24 per cent growth and drug stores grew by 14 per cent.

Reckitt & Colman Products. Tel: 0482 26151.

## Fuji's sporting five for Spring

Five promotions are available from Fujifilm this month.

As sponsors of the World Cup, Fujifilm are linking in two competitions.

A window display competition offers retailers the chance to go to the event in Los Angeles. Using the Fuji point-of-sale material, a winner will be picked from the North and South. Each will win a pair of tickets to the World Cup final, together with flight and hotel accommodation. Second and third prizes are Marks & Spencers vouchers. The competition runs until the end of May.

Customers also have a chance of going to the World Cup. Entry forms are available from Fuji and customers can enter every time they buy a roll of Fuji film by completing a multiple choice competition and filling in a tie breaker.

Staying with the sporting theme, Fuji are running another competition for customers to win a trip to the US Tennis Open in New York.

With every purchase of Fujicolor Realia, customers can enter this competition.

A Fuji Fun Day is the chance to encourage more photography and more fun, say Fuji. The company has suggested theme ideas such as "Shoot the kids" and "Happy smile day". A £1 off processing offer, which can be tailored to suit local retailers, runs with the Fun Day promotion.

An in-store display — a 5ft free-standing soccer player — is available from Fuji Photo Film. Tel: 071-586 5900.

## Wellcome Winter display underway

Tea tree oil is the active ingredient for Thursday Plantation's travel range. An essential oil, tea tree exhibits powerful antiseptic properties.

Tea tree lip guard, SPF 4 (£1.59), heals dry lips while protecting against the effects of the sun.

Two other sun preparation products introduced are Tea tree

supported by an advertising campaign in June and July. Focusing on women's Press, with the slogan "sensitive skins will be tickled pink", a sampling programme will also run in conjunction with the advertising.

In-store merchandising materials will be available and promotions involving a Buf-Puf facial sponge dish. 3M Health Care. Tel: 0509 611611.

## Tea tree oil joins the travel kit

aloe vera sunblock SPF 15 (RRP £6.95) and Tea tree after sun moisturiser (RRP £4.25).

Walkabout, an insect repellent, contains tea tree oil, lemon scented tea tree oil and citronella. The repellent is available as a lotion (125ml, £4.95) and a roll-on (50ml, £3.95). Illingworth Health Foods. Tel: 0274 488511.

For the sixth year running, the Wellcome Foundation is running a Winter window display competition for independent pharmacists.

The competition will feature the Calpol, Sudafed and Actifed brands. It offers community pharmacies the chance to win three prizes of £1,000-worth of travel vouchers.

The winners, who get a weekend for two in a choice of major European cities, will be chosen at the end of January, February and March.

To enter pharmacists need to place the display material provided in their window and return a reply paid card to Wellcome. The most eye-catching displays will be selected. Wellcome Foundation Ltd. Tel: 0270 583151.

## Proflex roots out pain on television

purchasers, usually ABC1C2 women aged 35 years and over.

The TV campaign will be followed by Press advertising in women's magazines beginning in July and following on from the end of the television exposure. Zyma (UK) Ltd. Tel: 0306 742800.



Revlon have extended their Flex range with three more shampoos and three conditioners. The shampoos come in revitalising, gentle and strengthening variants while the conditioners are replenishing, daily protective and moisture rich. All products are protein enriched and priced £2.35 for 350ml. Revlon International. Tel: 071-629 7400

## Buf-Puf goes sensitive

3M Health Care are extending the Buf-Puf range with a sensitive skin product this March.

The Buf-Puf Extra Soft Facial Sponge (£2.19) is a deep cleansing sponge for sensitive skin. It has an extra soft texture and pink colouration. With four sponges in the range, Buf-Puf now provide sponges to suit every skin, say 3M.

The launch will be

## Unichem bath buys

Unichem are offering pharmacists who buy a case of Unichem own-brand 1 litre foam bath a 33 per cent discount from February 1 to March 31.

For the consumer this translates into a "buy two get one free", which will be advertised in the *Daily Mirror*, *Daily Mail* and *Daily Record* during the first week of March. Unichem Plc. Tel: 081-391 2323.

# FREE Stock Offer

WORTH  
OVER  
£16.50\*

**infaderm**

*Suitable in the Management  
of Eczema*

**A specially formulated range of baby  
skin-care products suitable in the  
management of dry skin conditions  
such as eczema.**

**For free stock of the complete  
Infaderm range, worth over £16.50\* at  
RSP, simply complete and post the  
coupon below.**



Complete the following in BLOCK CAPITALS and post coupon to Goldshield Healthcare, 324 Bensham Lane, Thornton Heath, Surrey CR7 7EQ

**FREE  
Stock Offer**

YOUR NAME ..... POSITION IN COMPANY .....

COMPANY NAME .....

COMPANY ADDRESS .....

POSTCODE .....

COMPANY TEL. NO. ..... SIGNATURE .....

One application per pharmacy from any source during 1994. Applies only to Independent Retail Pharmacies. UK, Northern Ireland addresses only, please allow 4-6 weeks for delivery

# Capital choice for Europe's centre of excellence

The UK pharmaceutical industry is second to none in the research and development of medicines to conquer disease. This fact has been tacitly recognised in the decision to site the European Medicines Evaluation Agency here.

The campaign to bring the EMEA to London was spearheaded by the Association of the British Pharmaceutical Industry in conjunction with Secretary of State for Health Virginia Bottomley, together with strong support from the Prime Minister.

The EMEA will be a prestigious European body with the overall responsibility of ensuring the safety of medicines. It will evaluate the quality, safety and efficacy of medicines throughout Europe under a dual registration system:

- There will be a centralised procedure which will be mandatory for products derived from biotechnology and optional for other "high-tech" medicines. Applications from manufacturers will be made directly to the Agency and, if marketing approval is granted, a single authorisation will be automatically valid in all member states — that is, a single European Union-wide licence.
- Alongside this system, will be a decentralised procedure for all other medicines on the basis of mutual recognition. Under this system, approval in one member state will be automatically recognised by other member states within the European Union. If there is any disagreement between the member state initially granting approval and other states in which approval is requested, the EMEA will make a final and binding decision.

The actual examination of registration applications will be made by the existing Committee on Proprietary Medicinal Products (CPMP) and its veterinary equivalent, the CVMP. These two committees will be reinforced and will carry out their assessments through selected experts drawn from across Europe.

In addition to its primary role of assessing medicinal products on the grounds of safety, quality and efficacy, the Agency will also have the responsibility for:

- the monitoring of adverse

**The announcement that the European Medicines Evaluation Agency (EMEA) is to come to London is particularly gratifying news for the British pharmaceutical industry. Not only does it reflect the hard work put into urging the case for London, but it is recognition of the international success and standing of the industry in this country, writes Dr John Griffin of the ABPI**



drug reactions

- establishing the credibility of EMEA standards around the world
- promoting technical co-operation between member states
- encouraging research and innovation
- facilitating the establishment of a European database for medicines.

The Agency is due to open for business on January 1, 1995, although the exact location in or around London has yet to be decided and the Board of Management still has to be appointed. The Board will comprise two representatives from each of the 12 member states, two from the European Commission and two appointed by the European Parliament.

Half of the 28 members will

be primarily concerned with the control of human medicines and half with veterinary products. One of the first tasks of the Board will be to appoint the Agency's director, who will be responsible for the day-to-day operations of the EMEA.

## Agency study

In preparation for the eventual establishment of the EMEA, management consultants Touche Ross were commissioned to study the structure, operations and costs of the Agency.

The study estimates that 50 applications for new medicines will be handled through the centralised procedure in 1995, increasing to around 80 in 1997 and falling back to 60 in 1999.

At the same time, there will be a submission of 100 variations (new dosage forms, changes to dosages and indications and so on) in 1995, and this figure is expected to increase to more than 1,000 by 1999. Applications under the decentralised procedure are foreseen as 200 in 1995, rising to 600 by 1999. To handle this workload, an Agency staff of 150 will be required in January 1995, reaching 300 eventually. As with all European Union bodies, the senior staff of the EMEA will be appointed on a quota basis from all 12 member states.

Since the Agency will be a pan-European body, a significant number of these employees will be interpreters and translators to ensure that discussions and documents are available in all nine existing Union languages.

The setting up costs of the EMEA are estimated at £3.4 million, which is forecast to rise to some £42m by 1999. The costs will be met mainly by registration fees paid by pharmaceutical companies and by funding from the European Commission. The level of fees and the balance between industry and the Commission is still under discussion.

The decision to locate the EMEA in London has been widely supported by the pharmaceutical industry worldwide. A survey of top UK, Continental and US drugs companies showed an overwhelming preference for London: four times as many executives supported

London compared to any of the other six countries hoping to house the Agency.

The London location will attract many overseas companies which are expected to set up registration offices in or around London to be near the new Agency. Several thousand new jobs could be created in the London area as a result.

During the lobbying campaign, Mrs Bottomley stated: "A successful European Medicines Evaluation Agency will benefit all the people of Europe. It will help to make medicines safe and will help to strengthen the important European pharmaceutical industry."

The British pharmaceutical industry is confident that this will happen.

## Role for Interferon

Interferon never fulfilled expectations that it would be a highly effective treatment for immunological diseases and cancer. However, investigations have continued steadily and interferon-alpha now has a role in the treatment of some malignancies and hepatitis.

Recombinant interferon-gamma has been studied for the treatment of rheumatoid arthritis, and short-term trials have indicated superiority over placebo. Now, five years' prospective use has been reported from the US.

Seventy patients with longstanding RA, who had successfully completed a 12-week trial of interferon-gamma, continued treatment in combination with NSAIDs, second-line agents and steroids. Treatment was not a great success for most: 39 per cent withdrew after one year and after five years only 11 per cent were still receiving interferon.

The principal reason for discontinuation was lack of efficacy (67 per cent) though poor compliance (7 per cent) and adverse reactions (4 per cent) were also important. Almost a third of patients developed minor and transient reactions including chills, diarrhoea, myalgia and fatigue. Of the eight who continued, clinically important improvement was maintained in only three. *Journal of Rheumatology* 1993; 20: 1867-73

## RA linked to smoking

If any more incentive was needed to quit smoking, the results of a recent Finnish study should be sufficient.

Over 50,000 adults who were free of arthritis and had no history of the disease were followed up from 1966-72 to 1989 by record linkage. Five hundred cases of rheumatoid arthritis (RA) occurred, of whom two-thirds were seropositive (having auto-antibodies in the blood).

Seropositive RA was significantly correlated with smoking in men but not women. Compared with lifetime non-smokers, the excess risk was 2.6 in ex-smokers and 3.8 in current smokers, excluding potentially confounding factors.

Smoking probably does not cause RA but may be a pathogenic factor. Why this is so in men but not women is unknown.

*Journal of Rheumatology* 1993; 20: 1830-5



Picture posed by model

## Neuroleptics for the acutely ill elderly patient

There has been concern in the US that neuroleptics may be prescribed for elderly patients in institutions to control their behaviour rather than treat a medical condition. There is now legislation which restricts the use of these drugs to defined psychiatric diagnoses among residents of nursing homes. But no such controls apply to elderly patients admitted to general hospitals.

A survey of drugs prescribed for 848 elderly patients on medical and surgical wards in a Massachusetts hospital found that 11 per cent had been prescribed neuroleptics — principally haloperidol. Although a diagnosis of dementia was confirmed in over half of these cases, nearly one-third had simply been described as agitated or had no apparent need for neuroleptic treatment.

Despite the risks associated

with this class of drugs, an assessment of mental status had been recorded in fewer than 40 per cent of patients. At the other extreme, special tests such as computed tomographic scan of the head or electroencephalograms were recorded almost exclusively in patients seen by one consulting service.

On average, the duration of neuroleptic use was eight days, accounting for half of the hospital stay. In nine patients, the prescription allowed up to five repeat doses but gave no indication of an appropriate dose interval.

In only 18 cases were precautions or adverse effects recorded in the patient's notes, and in no case was there a record of informed consent or discussion of the risks and benefits of treatment.

*Archives of Internal Medicine* 1993; 153: 2581-7

## Insomnia: more than a lack of sleep

The range of OTC products for the short-term treatment of insomnia is slowly expanding, but insomnia is frequently more than a lack of sleep, London psychiatrists have found.

Elderly people living in inner London were interviewed in 1988 (700 people) and 1990 (524 of the original sample) to determine the prevalence of sleep disturbance, somatic symptoms, activity limitation and mood.

In 1988, 33 per cent reported sleep disturbance; in 1990, the figure had risen to 43 per cent. Half of those who had reported sleep problems in the first survey still had them two years later.

Disturbed sleep was associated with limitation of activity and was more common among women; people unmarried or living alone; those taking psychotropic drugs; and people with depression.

However, the prevalence did not change with age. The presence of sleep disturbance, rather than anxiety, accounted for the use of benzodiazepines by this group. About one-third of people with sleep disturbance were depressed, and depression was significantly more common among people reporting sleep problems on both occasions. The presence of sleep disorder in 1988 indicated a three-fold increased risk of depression by 1990 — in fact, this was the strongest predictor of depression.

Insomnia is often only one aspect of many physical or emotional problems. It is arguable that hypnotics do nothing to combat the real problem and may only delay proper treatment.

*British Journal of General Practice* 1993; 43: 445-8

## Candidosis risk from antibiotics

An increased frequency of vaginal candidosis is a well-established risk following treatment with broad spectrum antibiotics. The antibiotic kills some of the commensal bacteria in the vagina, allowing overgrowth of yeast. The risk has been quantified by an analysis of GP prescriptions in Dundee.

Prescriptions for oral antibiotics and antifungal agents were taken from the records of an 11,000-patient practice. Treatment with antifungal agents within 2-30 days of the antibiotic prescription was assumed to indicate candidosis.

In women who had received any antibiotic, the relative risk of candidosis was 2.3. This was greatest with broad spectrum cephalosporins, reaching 12.8.

The question was also posed from the other direction: what was the likelihood that women taking an antifungal agent had taken an oral antibiotic within the preceding 28 days? Here, the relative risk was 5.5 — strong evidence to confirm a significantly increased risk.

*British Journal of Clinical Pharmacology* 1993; 35: 492

## Switching NSAIDs

One of the justifications for having many NSAIDs is that people need to try several before finding one which suits them. Treatment is often initiated with ibuprofen, which is the best tolerated, but some people may be switching to alternative NSAIDs unnecessarily, according to new research.

In a Scottish practice of 11,500 patients, computerised records revealed 14,000 new prescriptions for NSAIDs in almost 3,500 patients. Treatment was changed surprisingly little — on 958 occasions in 568 patients.

The drug most commonly prescribed first, and most often changed from, was ibuprofen. The NSAID most often changed to was naproxen. The commonest indications were musculoskeletal pain or osteoarthritis.

Only 15 per cent of all changes were due to adverse effects but over half were due to lack of efficacy. This is not surprising when the commonest dose of ibuprofen was 1,200mg daily — only half the maximum daily dose. Treatment with ibuprofen could possibly continue for longer if it was prescribed more aggressively. The safety record of ibuprofen may be based on the use of doses that are, at least in arthritic patients, subtherapeutic.

*British Journal of Clinical Pharmacology* 1993; 35: 555

## Paracetamol: why bother to combine with NSAIDs?

Paracetamol is frequently prescribed as an escape analgesic for people taking NSAIDs for rheumatoid arthritis. It is believed to act centrally, whereas NSAIDs act largely peripherally. Combining the two should produce an additive effect, but it is difficult to believe that a weak analgesic like paracetamol can offer any additional benefit when NSAIDs are themselves good analgesics.

Twenty people with rheumatoid arthritis who were taking second-line anti-rheumatic agents and NSAIDs received fortnightly treatment with 500, 1,000 and 1,500mg/day of naproxen alone, and 500 and 1,000mg/day plus paracetamol 4g/day. During an initial washout period, their regular NSAID treatment was withdrawn, producing a flare in disease activity and demonstrating the need for NSAIDs.

As expected, naproxen produced a dose-dependent improvement in pain, morning stiffness and inflamed joints.

Also predictably, adverse effects — mainly affecting the gastrointestinal tract — were increasingly common at higher doses.

The addition of paracetamol significantly enhanced the effects of naproxen. In terms of the rating scales used to assess symptoms, 500mg/day naproxen plus paracetamol was as effective as double the dose of naproxen alone, except for a weaker effect on joint stiffness. However, 1,000mg naproxen plus paracetamol was as effective as 1,500mg/day naproxen alone on all scales. Paracetamol did not affect the blood concentration of naproxen or the frequency of adverse effects.

Paracetamol therefore has a dose-sparing effect in combination with naproxen, in the short-term at least, which could improve symptom control or, by enabling lower doses of NSAIDs to be used, reduce the frequency of adverse effects.

*British Journal of Rheumatology* 1993; 32: 1077-82

## Challenge for steroid safety in RA

There is evidence that people with RA are at greater risk of developing osteoporosis even when they do not take corticosteroids. But new findings from London emphasise the risk among post-menopausal women.

Bone density was compared in 195 post-menopausal women with RA and 597 healthy post-menopausal women; none had had hormone replacement therapy within the previous six months. Bone mineral density was 7 per cent lower in the femur but not the spine in RA patients who had never taken steroids, or ex-users, compared with controls.

In patients taking an average of 7mg/day prednisolone, bone mineral density was significantly reduced in the spine (6.5 per cent) and hip (7.4 per cent). Loss of bone mass correlated significantly with disability (causing immobility) and cumulative but not current steroid dose.

This finding challenges the view that low-dose steroids are relatively safe in RA. Further evidence comes from a Dutch study of 40 patients with RA taking gold, who were randomised to prednisone 7.5mg/day or placebo. Over 20 weeks, there was little change in bone mass in those taking placebo. By contrast, bone mass in the spine decreased by 8 per cent in patients taking prednisone. When treatment was withdrawn, bone density recovered by only about 5 per cent in the following six months.

Treatment with prednisone quickly and significantly improved symptoms and functional capacity, but its effects on bone mass were similarly rapid.

Taken together, these studies show that steroids must be used with great care, particularly in post-menopausal women, and they emphasise the need to maintain mobility and to consider HRT for women at risk.

*Arthritis and Rheumatism* 1993; 36: 1510-6 & *Annals of Internal Medicine* 1993; 119: 963-8



*Research Digest* is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

# Talking tactics on toxic shock syndrome

Toxic shock syndrome (TSS) is a much talked about, highly emotive condition. We have only been aware of its existence since 1980, when it was first defined in the US.

However, it is unlikely that many pharmacists, or women for that matter, could say exactly what it is, what the common symptoms are, and what can be done about it.

Most people associate the condition with menstruation and, indeed, almost half the cases that have been reported arise from this. The remainder are associated with:

- post-influenza syndrome
- surgical incisions
- burns
- abscesses
- giving birth.

TSS cases arising from surgical procedures (even from very minor surgery) are as common as those related to tampon use. Diaphragm users who leave them in place for longer than 30 hours at a time are also more susceptible.

Since 1980, tampon-related TSS has killed at least 12 women in Britain. According to the Public Health Laboratory Services, twice as many TSS deaths occur in men, children and non-menstruating women. In 1991, there were eight confirmed cases of TSS, of which only five were menstrual related.

This fairly low incidence (less than one in a million) does not mean that women do not worry. Some 45 per cent of the menstruating population use tampons, and for even one or two women to die each year is cause for concern.

## What causes it

TSS is caused by a toxin called TSS-1, produced by certain strains of *Staphylococcus aureus*. Normally the bacterium lives an innocuous life and occurs naturally in about 35 per cent of the population. It is found in warm, moist parts of the body such as the armpit, groin and vagina.

It is not yet known what prompts the bacteria to produce toxins in certain cases. It has been suggested that tampon use alters the normal vaginal environment, encouraging the production of TSS-1.

However, this has not been proven nor does it explain why it only occurs in some people and not in everyone.

Research does suggest that tampon-related TSS has a connection with tampon absorbability. It has also been said that the toxin acts as a super-antigen, magnifying the body's reaction to it.

There is some evidence that

Although public awareness of toxic shock syndrome is high, there is still confusion about its causes and who can be affected.

Marianne Mac Donald describes the symptoms, treatment and prevention of toxic shock syndrome and dispels some of the myths which surround it

younger women are more susceptible because their immune systems have not yet developed protective antibodies.

## Symptoms

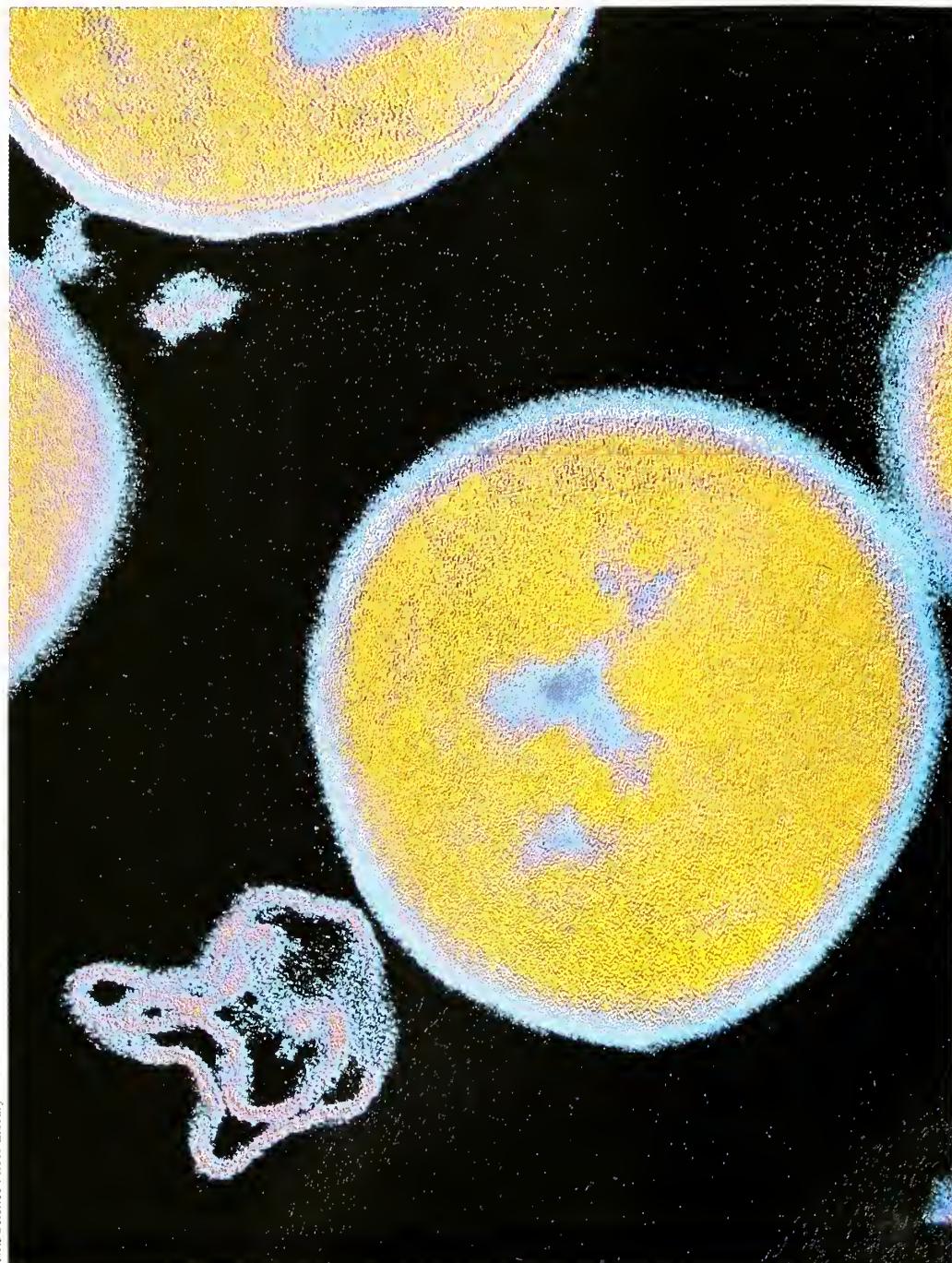
The disease is defined solely by the symptoms experienced. These include:

- high temperatures (around 102°F or 39°C)
- vomiting
- diarrhoea
- sore throat
- aching muscles
- dizziness and fainting
- headache with neck stiffness
- sunburn-like rash.

These flu-like symptoms are experienced one to four days after toxin production begins.

To be classified as a true case of TSS, all these symptoms must be present. This classification

Continued on p iv



CNRI/Science Photo Library

Continued from p iii

has come in for hefty criticism, particularly from the Women's Environmental Network, as milder cases or cases where partial symptoms are reported tend to be dismissed. WEN claims the actual figure of tampon-related TSS is much higher than commonly reported.

Symptoms can develop quickly. The longer the condition is undiagnosed, the greater the severity of side-effects. When TSS enters the acute phase, there is rapid hypotension and respiratory failure.

Non-permanent side effects include:

- hair loss (around three weeks after diagnosis)
- rash (occurs two weeks after initial flu-like symptoms)
- muscle aches
- nail loss (after three weeks).

In more serious cases, the side-effects can be permanent. The hypotension experienced diverts the blood supply from the patient's extremities to their core organs, affecting circulation. Necrosis can occur causing gangrene and the loss of fingers, toes and limbs. Organ failure can also occur, which can be irreversible if not caught early enough.

On recovery, patients may suffer double vision, headaches and the loss of concentration and memory for up to one year. It has also been suggested that deafness can occur, but it is

thought that this is not a consequence of TSS but a side-effect of the antibiotics used to treat the condition.

### Treatment

Most TSS cases can be treated effectively with antibiotics (flucloxacillin, chloramphenicol and clindamycin). These do not act on the toxin directly but on *S. aureus*. Duration of therapy is dependent on severity, but can continue for as long as three weeks.

Rehydration fluids are also administered as the fluid lost through diarrhoea can be excessive.

Any patient who thinks they are suffering from TSS should be referred to their GP. If tampon use is suspected, the patient must remove it immediately and inform the doctor that they use internal sanitary protection.

### How to avoid

Why TSS occurs in tampon users is a mystery but evidence suggests that the following guidelines should minimise the risk.

- Use the lowest absorbency tampon possible as higher absorbencies have been associated with an increased likelihood of contracting the illness.
- Change each tampon every four to six hours. Some people prefer to use higher absorbency tampons which they can leave in place for longer periods of time, but this is not advisable.

• At night time tampons should still be changed frequently; alternatively a towel can be used.

• Keep tampons clean and dry and wash hands before and after changing one.

• There have been claims that continuous tampon use increases the risk of TSS, and patients are advised to switch between tampons and towels.

• Remember to remove the last tampon once menstruation has finished.

• Only use tampons during menstruation, never at any other time.

### Information

Sanpro manufacturers have been including information about TSS within the insert leaflet since 1980. An on-pack health notice was incorporated in 1990.

This year new packaging was introduced to include a strengthened on-pack notice about TSS. In addition, the packaging details the range of absorbencies available and advises use of the lowest absorbency possible. The insert leaflet carries detailed information about TSS and guidelines for tampon use.

In May, the Toxic Shock Syndrome Information Service (TSSIS) was set up. This provides pre-recorded information on TSS to the general public as well as making available research papers to health professionals. Leaflets are also freely available.

Although an independently run organisation, it is funded by Tambrands. Revenue generated for the company by the premium cost advice line is donated to the National Society for the Prevention of Cruelty to Children. In the first six months of operation, £300 has been raised.

However, the TSSIS came in for some flak towards the end of last year. The Independent Committee for the Supervision of Telephone Information Services decreed that the line must state Tambrands' involvement, the recipient of proceeds and the name and qualifications of Dr David Abramovich, independent adviser to the TSSIS.

Aside from this information service, all other manufacturers are happy to answer queries and reassure customers about TSS.

- Toxic Shock Syndrome Information Service, 24-28 Bloomsbury Way, London, WC1A 2PX. Advice line: 0891 666111.

*A family that works together*



# Guidelines on sale or supply of syringes and needles

**The supply of syringes and needles to drug misusers can pose some problems for pharmacists.**

**Catherine Duggan, research pharmacist at the Centre for Pharmacy Practice, The School of Pharmacy, Brunswick Square, London, discusses the issues and the guidelines which have been laid down by the Royal Pharmaceutical Society of Great Britain**

The extended role of the pharmacist has brought about a change in the services they can offer. Pharmacists are more widely perceived as providers of healthcare, advice on ailments and health education.

To meet the demands of this extended role and provide the same standard of care and attention to all patients, pharmacists must have highly developed communication skills.

There is also an accepted need for a private area where pharmacists can counsel patients.

Pharmacists are frequently required to cope with "awkward" clients, "embarrassing" situations and issues that may be in direct conflict with their own morals and ethics. In some cases the pharmacist may be reluctant to deal with "problems", such as the sale and supply of needles and syringes to drug addicts.

## Sale and supply

Even if the pharmacist is willing to provide this service, other pharmacy staff must be

considered. Counter staff and pharmacy assistants also need to be aware of why the service is being provided and the legal and ethical guidelines that are in force.

## HIV prevention

The potential spread of HIV throughout the population was widely documented in the early 1980s, together with the numbers of confirmed cases of infection. The projected figures were alarming in their magnitude.

One of the identified routes of disease transmission was through contaminated needles and syringes. Education was required on safer injecting techniques, as well as safer sex, to contain the spread of the disease.

As part of the national strategy to prevent the spread of HIV, and thus the development of AIDS, drug misusers are currently encouraged to change their habits.

Allowing misusers to purchase or exchange needles

and syringes removes the need to share them. The community pharmacy was targeted as the location for this service because of its accessibility.

## Drug misusers

Drug misuse is not necessarily a problem in itself; many pharmacists deal with such clients on a regular basis and find their relationship with the misusers to be a professional and friendly one. The stereotypical drug misuser, "the trouble-maker", does not exist. They are from all backgrounds and ages, and are often in employment and leading normal lives.

The potential for problems within the pharmacy include aggression and the use of bad language, both of which can put the pharmacist and assistants on guard. This is usually due to the client being kept waiting for no apparent reason or when they feel threatened. It is important to communicate with the client if

Continued on p vi

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dermatological moisturising lotion

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**SUN E45**

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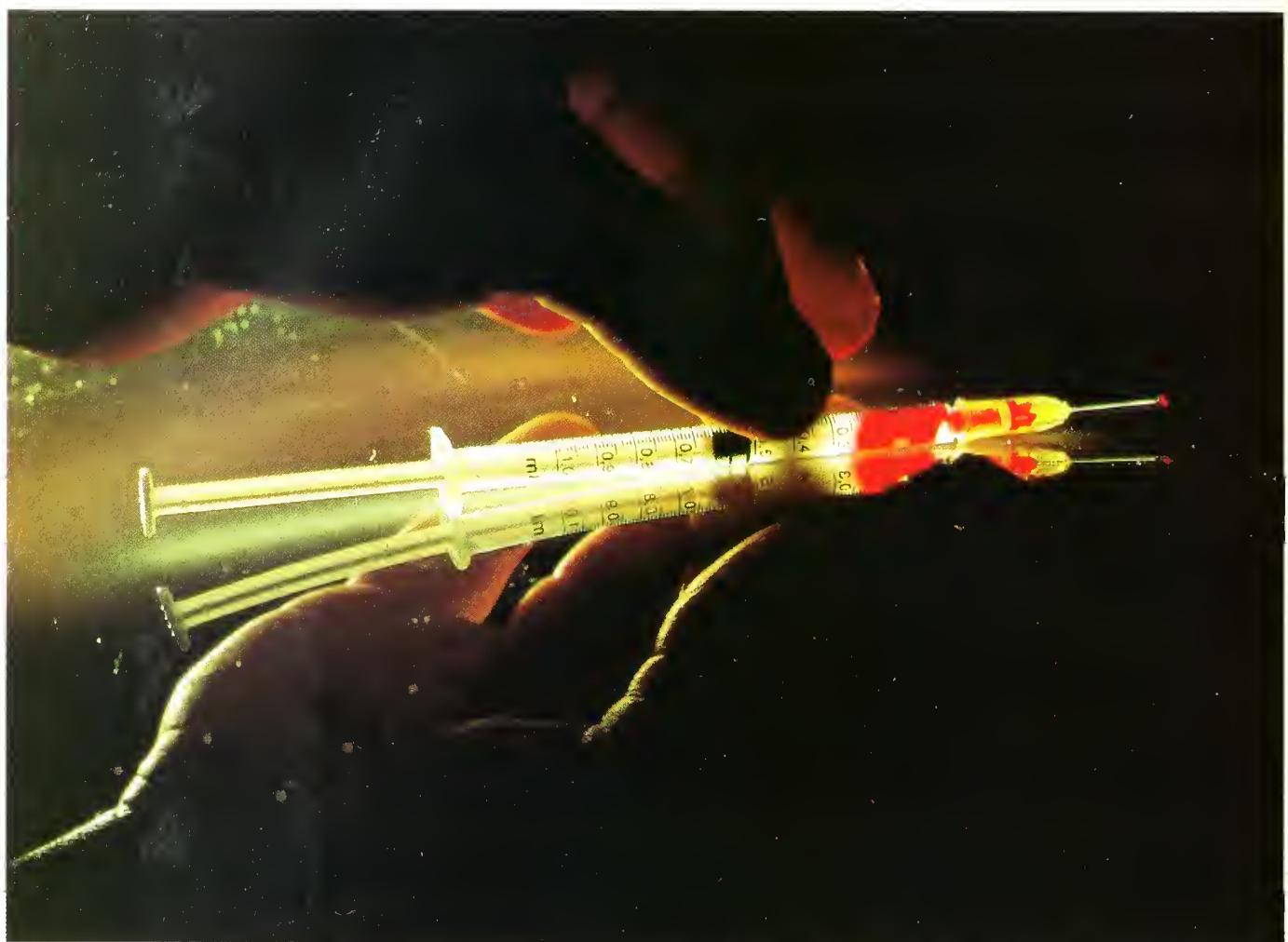
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C A L S K I N C A R E



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Continued from p v

medicines or needles are unavailable or if the supply is likely to be delayed.

Professional counsellors stress the need for a friendly and discrete service, and the pharmacy is often sought as a place to receive advice and increasingly a place of reassurance. By coming to the pharmacy the drug misuser has made a major decision to seek help and needs supporting.

It is possible to establish a relationship with regular clients, but this can be difficult to achieve with an unknown client who may seem threatening.

The professional guidelines indicate the right procedure for pharmacists, but there is a need for an in-house policy so that the staff can support your decisions. The policy will depend on:

- the location of the pharmacy — some will deal with more drug misusers than others
- whether or not there are needle-exchange schemes already set up in the area.

## The Guidelines

The Royal Pharmaceutical Society reacted to the need for the sale and supply of clean equipment to drug misusers by dropping all their previous objections to such a service.

This enabled the pharmacist to take on an extended role in the prevention of the spread of disease by providing clean equipment to drug misusers

instead of them buying them "off the street" and promoting healthcare and education in this area. At the same time, pharmacists continue their supply role to which the public are accustomed.

The Society maintains that the sale or supply of this equipment is solely at the pharmacist's discretion. Pharmacists must adopt an in-house policy that gives all pharmacy staff a sense of security in their dealings with needles and syringes and the clients using the service.

The pharmacist may suspect that the equipment is not used by the clients themselves. They may be selling or supplying it unlawfully to others. However, if the pharmacist adopts the policy of supplying needles and syringes regardless of the client's circumstance, to ensure the use of clean needles and syringes, he or she is not acting unprofessionally.

## Needle exchange

The Council of the Royal Pharmaceutical Society also provides guidelines on the supply of clean syringes and needles for pharmacists who become involved in schemes to exchange contaminated equipment used by injecting drug misusers. These guidelines are published in the Society's guide *Medicines, Ethics and Practice*.

Normally schemes will be promoted by health authorities and local pharmaceutical

committees where the need is apparent.

The supply of syringes and needles and the receipt of used equipment should always be dealt with by the pharmacist, and supplies should be accompanied by advice and encouragement to make use of any local drug advisory services.

Approved leaflets from health education agencies, local drug dependency clinics or "walk-in centres" should be available.

Extra caution should be exercised in supplies to children under the age of 16. Such clients should normally be referred to a specialist agency.

## Sharps disposal

All clients requesting syringes and needles should be encouraged to return any used equipment to the pharmacy. Clean syringes and needles should be supplied at approximately the same rate as equipment is returned.

Contaminated needles and syringes should only be accepted for disposal in a properly designed sharps disposal container.

Pharmacists should only take part in a scheme where these containers are available. They should be provided by either the family health services authority, area health board or health authority, which should also arrange for their collection and disposal at regular intervals.

Clients should be encouraged to sheath or otherwise enclose

the needles before returning them to the pharmacy. The returned equipment should not be handled by anyone other than the person willing to dispose of it, and that person should be asked to place it in the disposal bin.

The sharps disposal bin should be stored well away from customers in a designated area of the pharmacy and in a place known to staff, but where they will not have inadvertent contact with the contaminated waste material.

The used contaminated material should ideally be brought into the pharmacy by the clients in a personal sealed sharps container. Such containers are now widely available.

Staff should be carefully instructed about the risk of needlestick injuries, infection and surface contamination. All enquiries should be referred to the pharmacist.

## Hepatitis

It is important that pharmacists consider having themselves and their staff vaccinated against hepatitis as the risk of infection after an injury with a contaminated needle can be as high as 30 per cent. Vaccination is free to health workers in contact with drug abusers.

## Conclusion

Pharmacists should comply with these guidelines and any additional local protocols issued in respect of their particular scheme.

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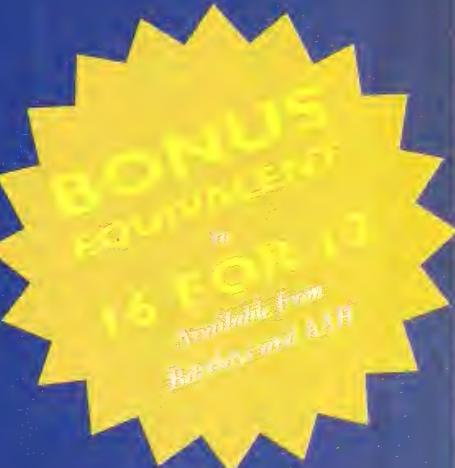
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**Presentation:** Otrivine® Adult Formula Nasal Drops and Spray contain 0.1% w/v Xylometazoline hydrochloride BP. Otrivine® Children's Formula Nasal Drops contain 0.05% w/v Xylometazoline hydrochloride BP. **Indications:** Symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hayfever), sinusitis. **Dosage:** Adults: 2 or 3 drops of Otrivine® Adult Formula Nasal Drops or one application of Otrivine® Adult Formula Nasal Spray in each nostril, two or three times daily. **Age:** Otrivine® Adult Formula Nasal Drops and Spray should not be used for children under the age of 12 years. **Children under 12:** 1 or 2 drops of Otrivine® Children's Formula Nasal Drops in each nostril twice daily. Not to be used in infants less than 3 months. **Contra-Indications:** Trans-sphenoidal hypophysectomy or surgery exposing the dura mater. **Precautions:** Do not use for more than 7 days. Caution in patients with cardiac disease or during pregnancy. **Side Effects:** Local stinging and discomfort upon application, sneezing, dryness of nose, headache. **Package Quantities and Retail Price:** Adult Formula Drops 10ml (P0008/502) £1.86, Adult Formula Spray 10ml (P0008/502) £1.95, Children's Formula Drops 10ml (P0008/502) £1.86. **Legal Category:** GSL. **Date of Preparation:** November 1993. **Distributor:** ZYMA HEALTHCARE, HOLMWOOD, RHS ANU. © Trade Mark of ZYMA HEALTHCARE LTD.

**Sticky labels, spilled methadone and an illegal request from a regular customer — just another bank holiday build up for Glasgow pharmacist**

Anne Knox

Does anyone have a foolproof way of pouring methadone for the daily prescription without spattering the odd sticky splash around the bench?

It's not too bad on normal days — we have enough scripts to fill only one page of the CD register — but public holidays compound the problem. Four rations of methadone, not to mention the assorted bottles of nitrazepam, temazepam and chloral solution.

I've tried purloined beer mats, sheets of kitchen paper, even making a sock of bubble pack to stick around the base of the bottle, but still I am told what a messy worker I am.

Normally all the little bags are packed up in the first hour, apart from the labels left sticking to the night-time doses to remind me who has to be given the methadone in one of my old wineglasses.

But this does not happen if everything is multiplied by four, and when the surgeries have begun to churn out the other regulars, some of them with prescriptions like shopping lists. At times like these I sympathise with the old boss, who used to complain bitterly: "How many more of these things do they think we can do at one time?"

We have an added handicap. At least English prescriptions are a sensible shape, with an extra leaf for the list of dates. Ours have to have sticky labels plastered all over the back, labels with 12 slots for the date. Since most of the scripts last 14 days, we have to do some nifty collage with the stick border and a pair of scissors.

### Season of goodwill

But it's Hogmanay, season of goodwill. There are lots of jokes about the Ne'reday bottle. Davie and Frances, arriving together, drink our health in methadone — today's dose, consumed under supervision as requested. How long will they leave the bottles for the rest of the weekend untouched?

Davie, at least, appears to have helped himself liberally. He arrives back in an hour or two, leads me affectionately into the corner by the door and begins trying to wheedle two or three cyclizine. It is a regular request. He always points out that there is no law to stop me selling them: other people do.

When that fails, he becomes even more affectionate, muttering half an inch from my ear. After whatever he has taken since we last saw him, his speech is so slurred that it takes me a while to realise that I am being offered a handful of green temazepam fished from the fluff lining of his pocket. "Swap them," he begs. "I

# A wish is granted

dinnae like tha green ones. How about a few yellow? I'll gi'e ye £40 for a hundred." Even well doped, Davie is not one to make rash offers.

Now, he is no real problem. He may be a pest, but he's not a threat. With some of the others, a private consulting area would be a very bad idea. At worst, Davie is maudlin, but never aggressive. He even apologises: "Five weeks in rehab, and I was brand new until I came back here."

Brand new translates as

weaned from everything but methadone and chloral. He is not one to bear a grudge. Giving up the effort to extract an illegal dose of oblivion for the holidays, he decides to give all of us the appropriate seasonal greeting, sealed with a kiss.

I'm handy, so I'm first, but the others have to take their turn. One after another, they turn their cheeks to be kissed. Empirical proof of the difference between being told that HIV is not easily

transmitted and believing it. He notices, of course. He listens to all the assurances that they never kiss anyone on the lips, not casually.

"Annie dinnae turn her face away," he says, and gives me another kiss before he goes.

All right — it may not be perfect professional conduct, but being able to grant his one legal wish is an unexpected reward, just when I'm beginning to feel like nothing more than a legalised drug dealer.

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**PRESNTATION** Lozenges containing 0.5mg Benzalkonium Chloride. **Uses** Bradosol lozenges are for the relief of sore throats. Dosage and Administration. Adults, elderly and children over five years — One lozenge to be dissolved slowly in the mouth whenever required. **Contra-indications** None known. **Pregnancy and lactation** Use during pregnancy or lactation is not restricted. **Interactions** No known interactions with other medicines. **Legal Category** GSL. **Product Licence No** 0008/0235. **Product Licence Holder** Ciba Geigy plc, Macclesfield, SK10 2NZ. **Retail Price** £1.54. **Date of Preparation** December 1993.

## PSNC dinner too high a price to pay

We are surprised at the disingenuous way in which the Pharmaceutical Services Negotiating Committee endeavours to justify the continuation of its dinner, as reported last week (p117).

The fact that a record number of MPs have accepted a free dinner seems no achievement to us. We shall also be faced with a record increase in expense.

LPCs were asked to comment last year immediately after the dinner and before the Department of Health's offer had been received. Platitudes from the minister and the PSNC at that time had indicated that matters were still in hand and we had no idea of what was ultimately to come.

What transpired proved to show that the dinner had been a complete waste of time in terms of gaining a satisfactory result from negotiations. If the PSNC wishes to quote relative values, then it should quote figures from LPCs gleaned after the imposition, which they have conspicuously failed to collect.

In the absence of any PSNC action in this direction, the Middlesex Group wrote last month to all LPCs asking more or less the same question as had been asked pre-imposition.

Regrettably, all the replies are not yet in, as we have to await the relevant LPC meetings. However from those replies currently received, the consensus is substantially that the dinner did not produce the desired result and is not of value. We acknowledge that the result of our incomplete survey is not strictly valid but is certainly more representative of the mood of the moment than the PSNC's.

Could we ask those LPCs who have not yet responded to do so in order that we can make a judgment as to whether financially pressed contractors should shell out £100,000+ (which we think a conservative estimate of the overall cost including overnight accommodation and invitation costs) on the event in question.

Adrian Korsner  
Chairman  
Middlesex Pharmaceutical Group

## Aqueous calamine available soon

I thought it might be helpful to give an update on the situation concerning aqueous calamine cream referred to by Xrayer in your January 15 edition.

With today's product licence regulations, it is not possible to chop and change the packaging without full validation and storage and stability studies.

Consequently, if a problem is encountered, it does take time to resolve.

I am pleased to report that we have a new container which has undergone trial batch manufacture and we are hoping to restore full availability within the next six weeks.

D G Brown  
Director, Thornton & Ross Ltd

## An uneconomic proposition

Thank you for finding space to publicise my concern over the latest developments in monitored dosage systems in your issue of January 15.

As promised, I have taken a close look at the commercial aspect of providing MDS. Now that the NHS payments are truly professional — no profit on cost, only fees per item — my remuneration looks like this:

- Number of cassettes filled weekly = 86
- Number of items dispensed = 290
- Average number of items per cassette = 3.37
- Average dispensing fee plus container allowance = £1.125.

As two cassettes at £12.50 each are required for each patient, it will take 6.6 months before the capital outlay on cassettes has been recovered so long as prescriptions are written for 28-day periods or 13.2 months for 56-day prescriptions.

This does not take into consideration other costs such as labels, tray seals, stationery and so on, so that, from a purely commercial point of view, this business has to be uneconomic for 56-day or longer prescriptions.

I agree that there may be sound professional reasons for working for next to nothing but I cannot eat "professional", I cannot wear it and it does not pay the rent.

I am not surprised that the list for designated back-up pharmacies is still open. Perhaps some other pharmacists have done the same calculations as myself and come to the same conclusions that to take advantage of an opportunity to lose money is an offer which definitely could be refused!

In case anyone should wonder why I have not included the residential home and PMR payments in my calculations, I would point out that these are for giving advice and keeping records, not for dispensing prescriptions, and are, therefore, like the flowers that bloom in the spring, "nothing to do with the case".

R S Medley  
Weston-super-Mare

Dr Andy Gitsham, director of professional services at Surgichem, says:

While we agree with Mr Medley's approach in calculating the payback period for a typical Nomad patient, he has made an error in assuming that two cassettes are needed. Only one is required for each community patient. On this basis, it would take just over three months to recover the outlay if scripts are written for the 28-day period.

These figures show what an excellent investment Nomad is, especially when compared with other business costs where the return cannot be so easily quantified. Additional business which is likely to come from Nomad patients should not be forgotten.

As far as the list of designated back-up pharmacies is concerned, we have been inundated with inquiries and have more than twice as many pharmacists interested in providing Nomad CDS as there are residential schemes interested in the system.

We believe there is a real need for monitored dosage for patients living in sheltered schemes in the community. Pharmacists must decide whether to offer it or not. Clearly, many have already made that decision.

## Elect those working for our futures

Looking through your columns, one cannot fail to notice that the profession is heading for a split in its ranks at a time when we need to concentrate on unity. We all need to focus on one fact: the 1994-95 remuneration offer from the Department of Health is about to hit contractors.

The message we need to give the DoH is that we are resolute in our determination to get the best deal for community pharmacy and to ensure continued comprehensive services to all NHS patients.

I would also plead with all LPCs to decide for themselves what they really want the PSNC to achieve on their behalf, put these motions at the forthcoming LPC conference and then mandate the PSNC to follow those instructions. It will not be constructive to criticise the Committee afterwards if the LPC conference failed to support those motions.

Elect time is upon us and it is up to contractors to make sure we elect those who are prepared to work for our future on to our representative body. We really need to decide our own future and then try to keep in touch with those we elected, so they know that they are elected to try and achieve the best results for us, not to further their own political future.

Hassan Argomandkhah  
Liverpool

## Well-wisher for Yorkshire alliance

The original principles under which Bradford Chemists' Alliance was founded are still sound.

But in today's climate, and more than ever, independent community pharmacists need to work together. I sincerely wish the four founder members of the Yorkshire Pharmaceutical Alliance well in their endeavour. I look forward to watching their progress in the near future.

Gill Hawksworth  
Mirfield



Leeds pharmacist Harvey Kleiman at Spen Lane Chemists is heading off for sun and adventure with £10,000 worth of Thomas Cook travel vouchers. The Wide, Wide World competition by Crookes Healthcare was based on estimating the number of postage stamps piled up in a picture. Harvey's was the only exact guess, and he now plans to take his wife to Gran Canaria, Sorrento and New York. Pictured with Harvey and wife Carol are Steve Ayling and Claire Robinson (left) of Crookes

## Temazepam dealing pharmacist blamed cocaine abuse

A pharmacist involved in selling half a million capsules of temazepam to a known drug dealer claimed that cocaine treatment for his baldness had caused his downfall, the Statutory Committee of the Royal Pharmaceutical Society heard last Wednesday.

Pares Samani, 34, of 14c Esterbrooke Street, Victoria, London, profited to the tune of £43,000 by selling the temazepam.

Mr Josselyn Hill, for the Society, said Mr Samani had bought the drugs from

wholesalers, selling them on to the dealer with a 500 per cent mark-up between April 23 and October 28, 1992. He was convicted of supplying a Class C Controlled Drug on April 1, 1993, at Harrow Crown Court and sentenced to 12 months imprisonment.

Mr Hill said Mr Samani, who jointly owned Harvestland Ltd, trading as Queens Park Pharmacy of 56 Salisbury Road, Kilburn, had been addicted to cocaine.

At Brent Magistrates Court on February 3, 1992, he pleaded guilty to and was convicted of six

charges of being in possession of cocaine on various dates in 1990 and 1991. For these charges, he received 112 days imprisonment.

An earlier hearing in July last year was adjourned, with the condition that Mr Samani refrained from practising as a pharmacist. All allegations, including a complaint that the Pharmacy medicine Nurofen was sold without supervision at his pharmacy, were found proved against him.

Mr Samani told the Committee his problems had begun in 1988 when he started taking cocaine to

cure his hair loss. He said: "I suffered from alopecia and it (cocaine) helped my hair to regrow. After using cocaine I was very excited about my regrowth."

Det Sgt Nigel Tilly, of New Scotland Yard, said Mr Samani had admitted obtaining the temazepam himself and then selling it to a man called "John", a drug dealer.

Mr Flather, describing Mr Samani's involvement in drugs as, "repugnant" and "appalling", said the Committee had no choice but to strike his name from the Register.

## Struck off for £8,500 fraud

A Merseyside pharmacist who attempted to swindle the NHS out of £8,500 through fraudulent script forms, including one for nearly 200 incontinence bags, and a "lorry load" of cotton wool, was struck off by the Statutory Committee last Tuesday.

Alan Poole, 55, of Hunnacott, Storeton Road, Oxton, Birkenhead, trading at Poole's Pharmacy, Holmlands Drive, Prenton, near Birkenhead, appeared before Liverpool Crown Court on December 14, 1992.

He pleaded guilty to two counts of obtaining money by deception, three counts of attempting to obtain money by deception from Wirral Family Health Services Authority and one count of forgery. He was sentenced to 12 months imprisonment on each to run concurrently.

Detective Constable Peter Duggan of Merseyside Drugs Squad told the Committee that 60 other charges had been left on file.

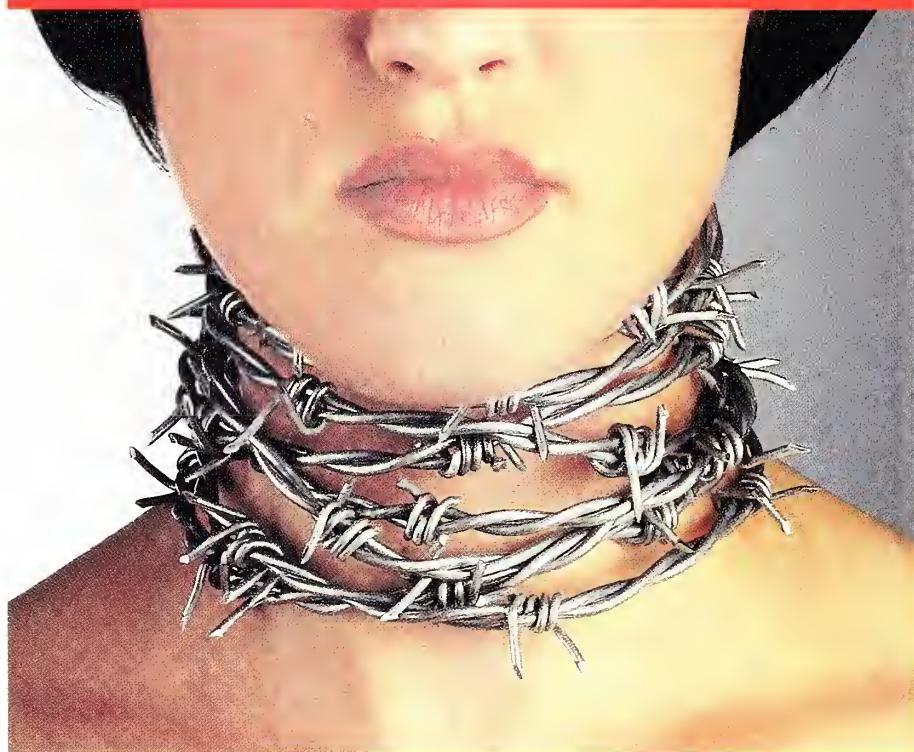
For the Society, Josselyn Hill said the NHS Pricing Authority became suspicious when they received a script from Mr Poole for 500 boxes of cotton wool which he claimed was prescribed for one patient for one month.

The PPA also asked Mr Poole to verify a prescription for 200 drainage (incontinence) bags. Mr Poole told the Committee that he had forged the doctor's signature on the prescription thus "compounding the error". DC Duggan said 20 bags had been asked for by the doctor but Mr Poole had added "times ten" and the doctor's initials.

Most of these scripts, said DC Duggan, were processed through an appliance supplier, Mobility Aids Ltd, of which Mr Poole was company secretary and his wife director, thus increasing his payment from the NHS.

Mr Flather, striking Mr Poole from the Register, said: "This is a very serious deceit of the Pricing Authority."

### Bradosol Plus. The lozenge with lignocaine that numbs prickly sore throats.



When you're in this sort of pain, Bradosol Plus goes for the throat. It's the only OTC lozenge that contains lignocaine. Which is a powerful anaesthetic used by throat specialists for operations. And gives rapid, long lasting relief, even from painful sore throats.

What's more, an anti-bacterial action fights infection. While our lozenge soothes inflamed tissues. So relieve your customers' painful throat symptoms with Bradosol Plus. And the only thing they'll find hard to swallow is that they ever had a sore throat.



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PRESENTATION: Lozenges containing 0.5mg Domiphen Bromide BP and 5.0mg Lignocaine Hydrochloride BP. Uses: Symptomatic relief of sore throat. Dosage and Administration: Adults and elderly - One lozenge to be sucked every two to three hours, up to a maximum of eight per day. Not recommended for children under 12 years. Contraindications: Hypersensitivity to domiphen bromide or lignocaine hydrochloride. The patient should consult a doctor if symptoms persist or are severe or are accompanied by fever, headache, nausea or vomiting. Patients should not eat or drink for one hour after sucking a lozenge. Pregnancy and lactation: Use during pregnancy or lactation is not restricted. Drug interactions: Drug interactions at therapeutic doses are not clinically relevant. Legal Category: P. Product Licence No: 0001/0123. Product Licence Holder: Ciba Geigy plc, Macclesfield SK10 2AX. Retail Price: £1.77. Date of Preparation: December 1993.

# Gaviscon - the taste of success

Gaviscon from Reckitt & Colman is number one for heartburn relief, number one for customer choice and number one in pharmacy. It is estimated that at least half of adults will suffer from heartburn within 12 months and that 75 per cent of sufferers will not consult their doctor but head straight to their local pharmacist for advice. Gaviscon is the first choice for many pharmacists



Reckitt & Colman have been a leading force in the OTC arena for years with products which are household names such as Lemsip and Fybogel.

In the dynamic pharmacy heartburn and indigestion remedies market, Gaviscon is the undisputed leader.

Now in response to consumer demand Gaviscon is available in a choice of flavours: Gaviscon 250mg tablets are available in a refreshing lemon flavour as well as the original peppermint.

Gaviscon liquid in both 100 and 200ml sizes has a new peppermint flavour in addition to the original aniseed.



## Number one for flavour

As to be expected from a professional marketing led company, Reckitt &

Colman thoroughly researched consumer response to the two new flavours before introducing them onto the market. The news was highly

positive and encouraging. It was found that the new peppermint liquid is likely to attract new users to the whole Gaviscon range.

Heartburn sufferers who had not previously used Gaviscon said they would purchase after trying the peppermint liquid.

Current users of the aniseed liquid welcomed the peppermint as an alternative. Tests carried out on the new lemon tablets showed that in comparison to some of the other leading heartburn treatments, Gaviscon lemon tablets were preferred overall. The taste, appearance and smoothness



in the mouth were particularly liked by consumers.

### Rapid and convenient

It was not just the taste of Gaviscon which appealed to heartburn sufferers.

Efficacy was also a key reason to continue buying Gaviscon. Regular heartburn sufferers said they found the new Gaviscon range quick acting, effective and convenient to use.

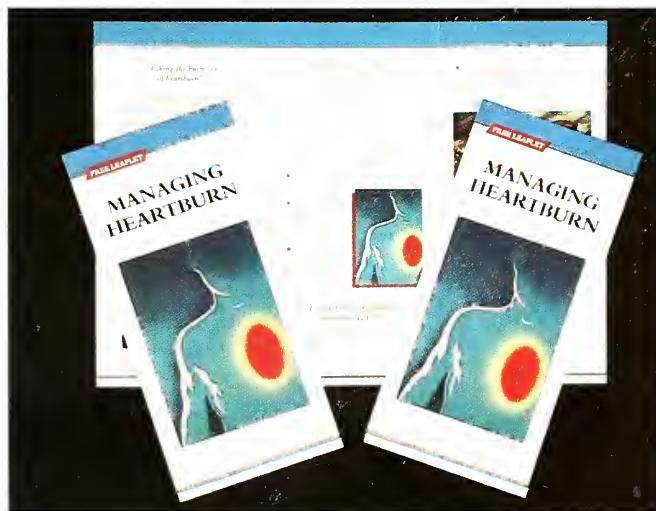
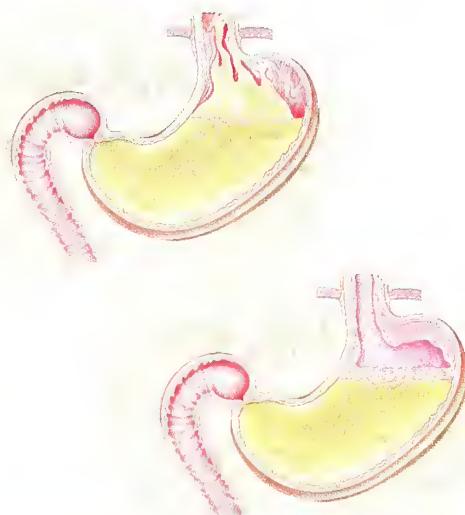
The choice of using liquid which is generally thought to be fast acting or the convenience of slip-in-the-pocket tablets was particularly appreciated by consumers.

Gaviscon relieves heartburn by forming a soothing protective layer on top of the stomach's contents. This helps to prevent acid from the stomach flowing back into the oesophagus, keeping acid where it works, not where it hurts.

Clinical studies have shown that Gaviscon stops acid reflux and relieves the pain of heartburn in eight out of ten patients. Relief from the symptoms was rapid - within 15 minutes - and the effects continued to last for more than four hours in 75 per cent of people (1).

### Commitment to the pharmacist

Reckitt & Colman have an ongoing commitment both to the pharmacist and to the



heartburn customer, this is why Gaviscon is available only through pharmacies. The launch of new Gaviscon flavours is being supported by a £1 million campaign including Press advertising, new consumer leaflets and high impact merchandising items for the pharmacists including shelf and counter units.

Reckitt & Colman believe that the role of the pharmacy assistant is of ever increasing importance. Often the assistant is the first port of call for advice from the customer. Seminars for pharmacy assistants have been held by Reckitt & Colman for the past three years and such is the popularity of the seminars, that they will continue throughout 1994.

Combining experience with innovation and maintaining a commitment to pharmacy products which meet the ever increasing demands of the sophisticated consumer, is the foundation of Reckitt & Colman's continued success in the competitive market for over-the-counter medicines.

Reckitt & Colman. Tel: 0482 26151.

#### Reference:

1. Chevrel, B. (1980) *J Int Med Res*; 8:300

# Business news

## William Ransom interims drop

William Ransom, formulary medicines and galenicals manufacturers, have reported a 1.4 per cent decrease in pre-tax profits to £285,000 for the six months ended September 1993.

Turnover was also down 2.7 per cent to £3.31 million, giving 1.22p earnings per share. The company reported an increase in exports from 30 to 34 per cent, attributed to the weaker pound.

A strategic review which has been in the planning for 18 months has now been completed. The results have yet to be announced, although chairman Michael Ransom does not anticipate any job losses.

One recommendation, that a new chief executive post should be created to implement some of the policies of the review, has been put into action. David Brown, 53, takes up the position from February 1. He is a qualified pharmacist and was managing director of Serono Laboratories (UK).

## BOC spend £85m on cost cuts

Gas company BOC are spending £85 million in a worldwide cost-cutting programme that will involve 1,400 job losses.

Payback is expected immediately, with annual savings of almost £60m within the next three years.

BOC's medical oxygen supplies straddles two of their businesses, both of which will be affected by the cuts. Production of medical oxygen lands in the industrial gases division, but its delivery is the responsibility of the healthcare division.

Of the total restructuring provision, up to £60m will be targeted towards the healthcare sector, which has suffered from generic competition in the US.

This allocation will allow £12m savings in 1994 rising to about £35m a year in 1997, due to increased manufacturing efficiency and a computer upgrade. The rest of the provision will be spent on the industrial gases division, which hopes to save £8m in 1994, rising to £23m a year in 1996.

## Ex-Crookes chief sued for fraud

Former Crookes Healthcare chief Kevin Wilson is at the centre of fraud allegations just months after he left the firm, along with advertising and promotions agency Brian T. Mowbray Ltd and its owner Brian Mowbray.

Crookes Healthcare Ltd are suing all three parties in the High Court on a number of counts. In a writ issued on January 19, Crookes are claiming:

- Damages arising from the defendants' alleged conspiracy to steal from Crookes Healthcare and to obtain money by fraud and false accounting between April 1990 and June 1993.
- An account of the monies alleged to be stolen and an order

for the repayment of that amount.

- An account of the goods allegedly purchased with Crookes' money and an inquiry as to whether the goods are still in the defendants' possession.
- An injunction to prevent Mr Wilson disposing or dealing with any such goods.

Crookes are also claiming damages against Mr Wilson alleging a breach of his obligation to serve Crookes honestly as managing director, his failure to account for benefits in kind and for expenditure of Crookes' money without authority.

Crookes have informed the Nottinghamshire Police Fraud Squad, which is part-way through its own investigation.

Neither Crookes nor the police would elaborate on reports which appeared in last week's *Mail on Sunday* involving Mr Wilson and advertising and promotions company Brian Mowbray, which used to advise Crookes. Neither were available for comment earlier this week.

Mr Wilson left Crookes last June "to pursue other career interests" (C&D June 26). He had been managing director since April 1991.

- Boots are rumoured to be announcing the sale of their troubled pharmaceutical division shortly. The company set aside £35m last year to cover write-offs associated with the failed heart drug Manoplax.

## Campaign for secure shops

Hot on the heels of the British Retail Consortium's investigation into retail crime comes the launch of the Shopfront Security Campaign.

Its aims are to increase awareness of the problems facing retailers in urban and rural areas, and investigate what steps can be taken to improve the situation.

The campaign is backed by the BRC as well as Charles Wardle MP, under secretary of state at the Home Office, and Alun Michael JP MP, shadow minister for home affairs.

## Pharmacy sales up

The retail price index for chemists' goods has risen by two points over the past 12 months, boosted by exceptionally good retail sales during December, reveals data from the Central Statistical Office. The strong performance in December, says the British Retail Consortium, was due to the high incidence of coughs, colds and flu. Toiletries, particularly lower priced gifts, also sold well.

## Bittner bought

The Intercare Group, who specialise in optical, mobility and medical products, have acquired the E. Bittner optical business for £760,000.

## Zofran to Japan

Nippon Glaxo, Glaxo's Japanese subsidiary, has received approval to market the oral and injectable formulations of Zofran. It will be available in the Spring and will compete with Smithkline Beecham's Kytril which has been available in Japan for 18 months. Zofran sales worldwide for the year ending June 1993 was £365m.

## Yorkshire pharmacists sounded out by Alliance

The Yorkshire Pharmaceutical Alliance is gearing up to business by canvassing the views of 600 local independent pharmacists.

Between them, they look after up to 800 outlets in the region, which the Alliance's four founders hope will come on board (C&D January 22, p138).

By now, a letter should have landed on their doormats explaining the reasons for setting up the buying group. Accompanying the letter is a short questionnaire so the Alliance's founders can gauge local opinion.

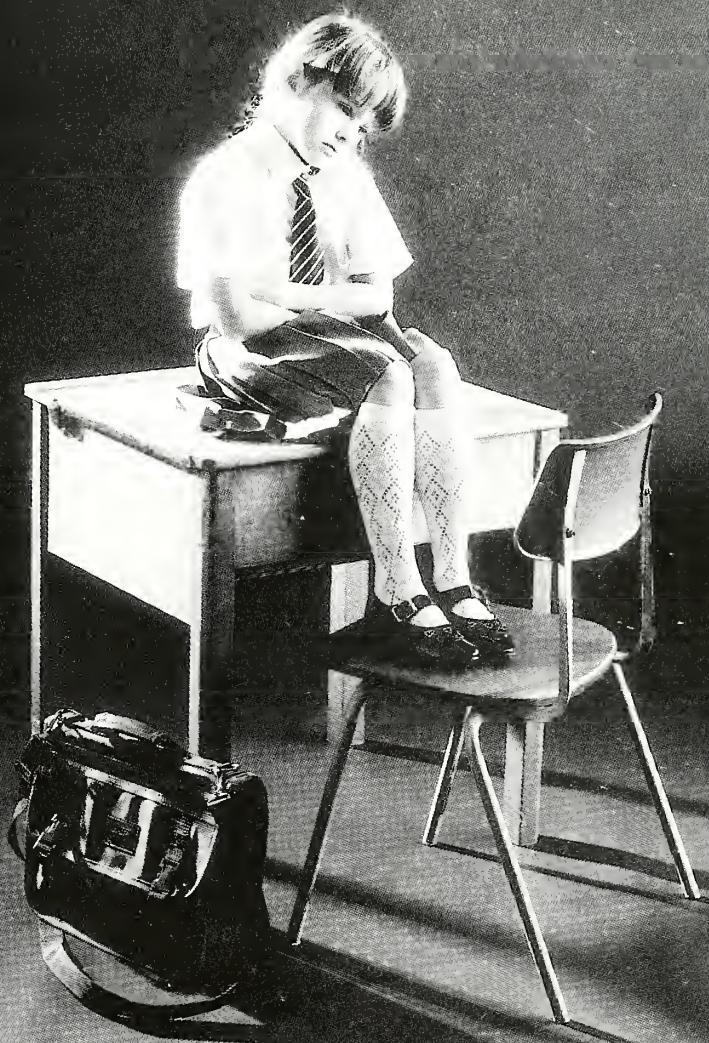
Among the questions asked were whether they would consider changing to a new independent wholesaler who could offer service levels at least equal to their current first line wholesaler and better discount terms; and if they were offered an alternative loan guarantee, would this be of use.

Initially, the Alliance is only sending the mailshot to Yorkshire pharmacists but 300 Humberside contractors may be next.



The Duchess of Kent at the opening of Scotia Pharmaceuticals' R&D complex with Dr Peter Lapinskas, seed production director (far right). The £1.3 million centre was built on Writtle College campus, Chelmsford, and concentrates on evening primrose oil as well as other medicinal plant research. Scotia's pharmaceuticals are marketed by Searle in the UK

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Further information is available on request from: Napp Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge, CB4 4GW. The NAPP device, FULL MARKS, PRIODERM and CARYLDERM are Registered Trade Marks. © Napp Laboratories Limited, 1993. Date of preparation: December, 1993.



# 700 jobs go at Fisons

Nearly 700 jobs will be cut by Fisons in the UK over the next two years, with a total of 1,000 expected to go worldwide. The news comes after an independently assisted review detailed the need for restructuring within the pharmaceutical division.

The company is expected to save £35 million from the cost base over the next two years in the shake-up, £10m more than predicted in December.

One-third of the jobs will go from the Holmes Chapel plant in Cheshire, despite a predicted investment of £100m between 1993 and 1997. Some products currently manufactured at Holmes Chapel, including Rynacrom nasal spray and Opticrom eye drops, will be transferred to the Fisons manufacturing plant at Le Trait near Rouen in France.

Other products will continue to be manufactured at Holmes Chapel, and construction is expected to begin later this year on a plant at the site for these products. The plant should be in operation by the end of 1995, say Fisons.

Early retirement programmes, voluntary redundancies and redeployment of employees within the site will help keep compulsory redundancies to a minimum, says David Smith, general manager at the Holmes Chapel site.

The City was unimpressed by the announcement and Fisons shares added just 2 to 140p as analysts left their forecasts unchanged.

The pharmaceutical division accounts for 6,400 of the total 13,500 Fisons employees. Three Cheshire sites employ about 1,100 with around 1,050 in Loughborough.

The review highlighted that savings need to be made at all levels of the organisation and in

all areas. This will be achieved by introducing new ways of working, restructuring business units to make better use of resources, ensuring money and reducing headcount, say Fisons. Senior management will also be restructured.

The restructuring is the first major move from the company following its profits warning issued on December 13, the third

in two years. Cedric Scroggs, then chief executive, was removed from his position in the shake-up accompanying the profits warnings (C&D December 18/25, p1106).

Further redundancies are expected under the cost reduction programme by the end of March. But these are not expected to be on the same scale as this week's announcement.

## Zeneca sales up

Recovery in the UK and US healthcare markets has helped boost Zeneca's pharmaceutical sales, and counteracts the continuing decline of Tenormin now that US patents have expired.

In the company's first quarterly trading statement since its demerger from ICI, profits in the second half of 1993 are expected to be higher than the comparable period in 1992. But

they will not be as high as those for the first half of 1993 because of reduced exchange rate gains and increased R&D investment.

Zeneca have six compounds in phase III development with one, Merrem, already filed for regulatory approval.

The company's agrochemicals and seeds and specialities divisions also reported improved sales in the second half of 1993.

## Lohmann joins forces with Vernon-Carus

Vernon-Carus Ltd, the well-known manufacturers of incontinence products, have joined forces with Lohmann (GmbH) of Neuwied, Germany, manufacturers of plaster cast materials, compression therapy and wound management products.

Under the deal, Vernon-Carus will be using their distribution network to sell, market and distribute Lohmann products exclusively throughout the UK.

The move will become effective from February 1.

In a joint statement, Dr Martin

## T&R theft appeal

Thornton & Ross are appealing to pharmacists for information regarding the theft of Pharmacy only goods from one of their vans.

Some two tonnes of goods were stolen overnight on January 13 from a van parked in the West Yorkshire village of Slaithwaite. These included 100 dozen bottles of Covonia, 240 dozen bottles of Menthol Crystals, assorted bottles of Zoflora and a variety of pharmaceutical packed products.

It is possible that the goods may be offered for sale at reduced prices, particularly in the North of England along the M62 corridor. Pharmacists that have been offered goods, or hear of any stock on offer, are asked to contact Bob Mayo, customer services manager, tel: 0484 842217.

T&R have batch numbers for some of the goods: Covonia 150ml, BN: 98CE; Covonia 2lt, BN: 85CB; and Menthol 5g, BN 14CE, 15CE.

## Coming Events

### Monday, January 31

**North Metropolitan Branch, RPSGB**, at the School of Pharmacy, Brunswick Square, WC1, 7.30 for 8pm. "Helicobacter pylori and recent developments in the modern treatment of duodenal peptic ulcer disease." Speaker Dr Barry Rathbone, gastroenterologist, University College Hospital.

### Tuesday, February 1

**Fife Branch, RPSGB** at Dunnikier House Hotel, Kirkaldy, 7.45pm. "The work of the Scottish Poisons Information Bureau". Speaker from Poisons Bureau, Edinburgh.

### Wednesday, February 2

**Sheffield District Branch, RPSGB**, at The Jessop Hospital for Women, 7.30 in the board room for 8pm in the lecture theatre. "Common sports injuries and their treatment". Speaker Dr John Lawn, a GP who has a Diploma in Sports Medicine. Sponsored by Seaton.

**Liverpool Branch, RPSGB**, at the Wavertree Sports Centre, Wellington Road, Wavertree, 7.30pm. Buffet. "Squash and tennis evening" Further details and to reserve a place contact Mr Fin McCaul on 051-263 2731 (work) or 051-722 4760 (home).

### Advance Information

**Mineral Therapy seminar** by Blackmores for pharmacists on **February 13** at the Forte Posthouse, Purley Way, Croydon, 10am-4pm. Further details from Sue Pierce, Blackmores (freephone) 0800 378924.

## Moss buy ten in Liverpool

Unichem's retail arm Moss Chemists has bought Merseyside-based Em-Ess (Chemists) for an undisclosed sum.

The acquisition of the ten pharmacies brings the total number of Moss outlets to 25 in

the North West and 268 nationwide.

Says Moss managing director Barry Andrews: "We are absolutely delighted. The profile of the shops fits very well into the Moss style."

As the first USDAW member to lose her job following the changes in Sunday trading, the Union is hoping to take the case to an industrial tribunal. Peter Jones, USDAW spokesman, says that as the Sunday Trading Bill stands in current draft, the company could not sack her.

"We hope this is exceptional, but fear that it will go on happening without adequate protection for workers," he says.

USDAW wants to see worker protection strengthened in the Bill to allow new employees to refuse to work on Sundays.

USDAW originally supported the Keep Sunday Special Campaign, but is now in favour of the six hours option. The Bill is currently at the standing committee stage in the House of Commons.

## Guinness perfume shake-up

Guinness have announced a web of deals that will restructure their relationship with the French luxury goods market, including perfumes.

They are selling their 16.8 per cent stake in Christian Dior to concentrate on the drinks side of their business.

By holding Dior shares,

Guinness also had a stake in the luxury goods group LVMH, whose brands include Givenchy. Now this link will be severed.

Under a separate but connected deal, LVMH have pledged to sell 4 per cent of their stake in Guinness. This now leaves LVMH with a 20 per cent stake in the UK drinks company.

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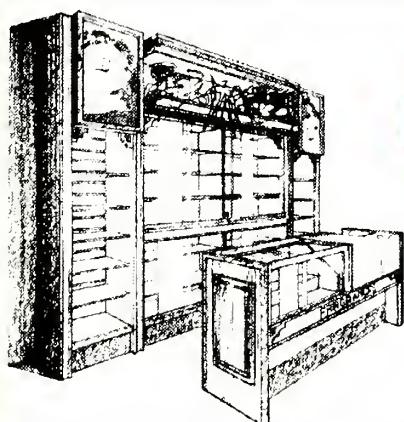


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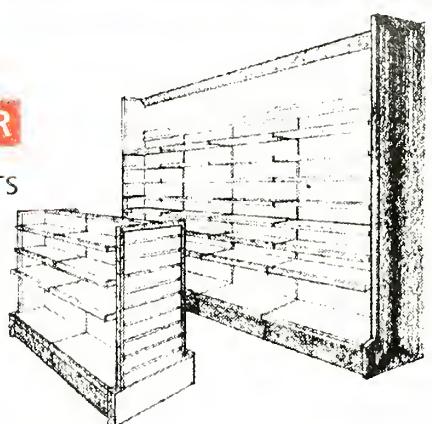
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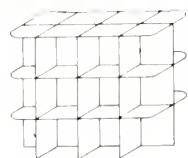
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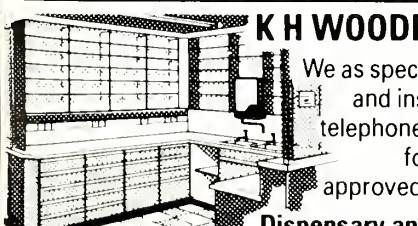
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## STOCK FOR SALE

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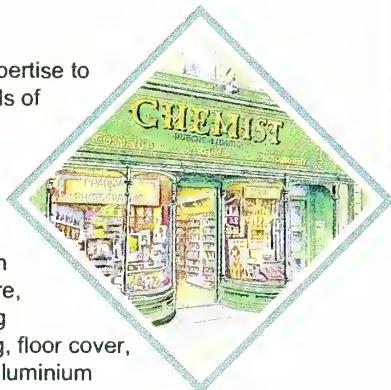


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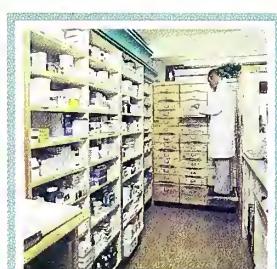
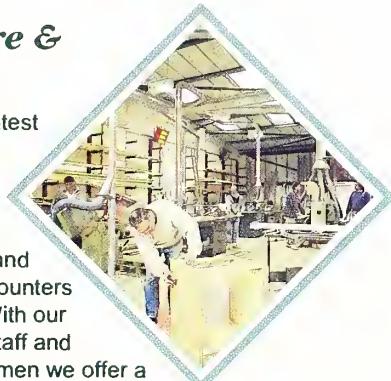
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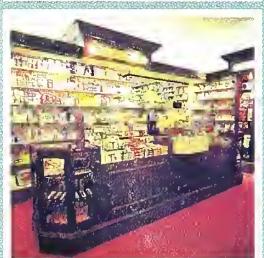
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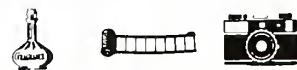
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**PHARMACEUTICAL FORMULAS - VOLUME 1** - Published by C&D during 1950's, condition unimportant as long as legible. Tel: 0704 211291 daytime.

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**TRADE LESS 30%+VAT+POSTAGE** - 60 Hiprex tabs (exp 7/94), 60 Naprosyn 375mg (exp 7/95), 18 Buspar 10mg (exp 9/94), 30 Transiderm-Nitro 10 (exp 8/94), 13 Inj Metrodin 75 (exp 7/95). Tel: 0245 264252.

**TRADE LESS 35%+VAT+POSTAGE** - Tritace 2.5mg Deponit 5, Cyklakapron tab, Sectral 700mg, Asendis 150 (trade less 50%), Alupent tab, 30 Aldactone 50mg, 80 Arythmol 150, 112 Cyclospasmol 400g. Tel: 0708 746460.

**TRADE LESS 20%+VAT+POSTAGE** - Bonefos 400mg caps (exp 4/95) 110 caps. Tel: 081-807 5946.

**TRADE LESS 50%+VAT+POSTAGE** - 264 Bectoid Rotacaps 400mg (exp 7/94), 64 Farlutal 250mg tabs (exp 11/94), 28 Feldene disp 20mg (exp 6/94), 90 Hydrogine 1.5mg (exp 8/94). Tel: 0709 522605.

**TRADE LESS 50%+VAT+POSTAGE** - 50 Ursofalk cap (exp 4/94), 200 Cardene 30mg caps (exp 7/94), 50 Danol half 100mg caps (exp 3/94). Tel: 081-874 7196.

**TRADE LESS 30%+VAT** - Zofran 8mg 2x10 (exp 9/95). Tel: 0323 720712.

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**TRADE LESS 30%+VAT+POSTAGE** - 100 Epanutin caps 300mg, 2x300ml Tegetrol liquid, 56 Denol tabs, 3 Propine eye drops, 2x20 Brufen sachets, 300ml Lioresal liquid, 200 Sando-K and others. Tel: 0689 841251.

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**TRADE LESS 25%** - 12x7 Diflucan 200mg caps (exp 7/94). Tel: 071-720 4951.

**TRADE LESS 50%** - 100 Kodak Gold II 100 ASA 24 exp (exp 5/94), 20 Kodacolor VR 100 ASA 24 exp. Tel: 06487 62653.

**TRADE LESS 30%+VAT+POSTAGE** - 76 Antabuse (exp 3/96), 100 Sinemet CR (exp 3/94), 56 Sorbid 20SA (exp 5/94). Tel: 0903 784878.

**TRADE LESS 50%+VAT+POSTAGE** - 10x10 Colomycin injection, 1,000,000 units per vial (exp 11/95). Tel: 071-485 3851.

**TRADE LESS 40%+VAT+POSTAGE** - Sandostatin 500mcgx10 1ml amps (exp 4/94). Tel: 0232 457611.

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**TRADE LESS 30%+VAT** - 510 Hexopal, 4 BM-Test BG-50, 1 Becloforte 400mg disk refill, 100 Imuran 50, 23 Metrodin amps, 3x28 Nitrodror 0.1mg patches, 6 Regaine, 168 Voltarol dispersible. Tel: 0202 574386.

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# About people

## Neville fights off raiders

Neville Taylor has proved to be something of a "superman" after bravely fighting off two would-be raiders of his AAH Pharmaceuticals van.

Neville was on his regular deliveries in Hackney, East London, when two men tried to run his van off the road. On the third attempt they succeeded.

Having locked the door to keep his assailants out, Neville unfortunately forgot that the window was still open. One of the attackers sprayed him in the eyes with a substance which luckily turned out to be oil-based and only temporarily blinded him. The other attacker tried to prize open the van door.

Despite his blurred vision, Neville managed to take down the registration number of the assailants' car. A rescue party soon arrived — two ladies driving in the opposite direction — and the thieves ran off empty handed before the police arrived.



Neville Taylor: still sticking close to his van

Despite his injuries, Neville could not be persuaded to leave his van. Eventually one of the ladies drove the van and its wounded driver to hospital. Even at hospital Neville refused to let the van out of his sight and sat by a window bathing his eye.

With his sight fully restored, Neville is now driving his old route again. He received a formal commendation for his bravery. But his two lady rescuers cannot be traced and AAH are desperate to thank them formally for their part in foiling the raid.

### Appointments



Peter Marshall (left) and David Wood (Right)

Bradford branch of the RPSGB. • David Wood, Numark's retail development director, has been appointed marketing director for the voluntary trading organisation.

Mr Wood, who also graduated from Bradford University, has worked with Boots and Safeway. Since joining Numark in 1990, he has been involved with the launch of the retail concept, the reinstatement of retail services such training and merchandising, and the development of the Numark EPOS system.

Mr Wood will now be involved with the retail services department and the marketing programmes for Numark brand and branded products.

• Lizbeth Parker has joined Numark's marketing department as marketing assistant.

## Marshall and Wood move at Numark

Peter Marshall, independent pharmacist and Numark member, is to be appointed to the board of Numark Management.

Mr Marshall is the chairman and a founder member of Numark retail members' think-tank, the Retail Advisory Board. He is also director and superintendent pharmacist of Craven Pharmacy in Skipton.

This is the first time that retailers' interests have been represented on the board since the organisation became wholesaler owned in the mid-1980s, said Terry Norris, Numark's managing director.

"This is another step in the right direction as far as the Numark organisation is concerned," said Mr Marshall. "It demonstrates the importance the wholesalers are putting on the contribution that retail members have to make."

Mr Marshall, who graduated from Bradford University, is also chairman of the Yorkshire Regional Pharmaceutical Committee and secretary of the

Roger Cuff has been appointed head of sales for Bayer's pharmaceutical business in the UK. Jon Hemphill moves to southern area sales manager and Angus Muirhead takes over the north area.

Michael Trend, MP for Windsor and Maidenhead, has been appointed parliamentary private secretary to Dr Brian Mawhinney, minister for health.

UK general manager for Revlon is Jonathan Vine-Hall.

David Nicoll joins the Pentax ophthalmic sales team as sales executive.

Elizabeth Van Den Bergh joins Finders International as sales and marketing co-ordinator.

## Moss pharmacist wins award

Hilary Edmondson, a community pharmacist manager with Moss Chemists in Hull, has won the 1993 Glyn Jones award, the College of Pharmacy Practice announced this week.

Mrs Edmondson will be using the award towards a case study of a "medicine review scheme" in a Hull inner city area. The project will entail a study of a pilot medicine review service offered by a pharmacist to a small sample of over 75-year-olds.

The award, valued at £1,000, is open to all pharmacists. It can be used towards relevant investigation of practical benefit to community pharmacy. Closing date for the 1994 award is October 31. Details on 0203 692400.

## Call for CPP nominations

Forthcoming elections for the College of Pharmacy Practice will vote in three new governors and one associate representative.

Both periods of office run for three years from April 27, the date of the annual general meeting.

Members of the College can nominate governors and associates of the College can nominate the associate representative.

The governors who have completed their three years in office are eligible for re-election.

The closing date for nominations is February 14. Nomination forms can be obtained from the College on 0203 692400.

## Obituary

Ernest Murray, chairman and founder of Paul Murray plc, died aged 80 at his home in Netley Abbey, Southampton on Sunday, January 23 from a heart attack.

Paul Murray, son, writes: Mr Murray joined MacDonald & Son in 1946 and served as a sales representative, calling on pharmacies in an area stretching from Northampton to the South Coast and the Channel Islands. This he did for 13 years until 1959, when he started his own

business selling professional clothing to pharmacies.

In 1963 he set up a chemist sundries business, which has expanded into the Paul Murray plc of today, involved in the importing, packaging, distribution and merchandising of manicure and beauty accessories.

He retired in 1983, but remained chairman of the company until his death. He leaves his wife Dorothy and four children.

# The cold remedy market can be dog eat dog.



(Guess who's got a big bite.)

In the £20 million oral decongestant market, Mu-Cron is looking pretty fierce. Last winter, sales increased 31%. It's not surprising. In just one tablet, Mu-Cron lets off the leash. It helps clear catarrh and locks nasal congestion fast, while paracetamol eases the pain. Which means there's no danger

of congestion on your shelves either. Thanks to continued TV advertising support, sales of Mu-Cron are positively bounding along. And another winter TV spend of £750,000 should have the competition's hackles rising. So make sure you're part of our sales success in 1994. They can't muzzle Mu-Cron.

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NOTIFICATION: Each tablet contains 500mg Paracetamol BP and 25mg Phenylpropanolamine Hydrochloride BP. Uses: For the relief of sinus pain, nasal congestion and catarrh. For the symptomatic relief of influenza, feverishness and feverish colds. Dosage and Administration: For children over 12 years: One tablet up to four times daily, allowing four hours between doses. The maximum daily dose is four tablets. Contra-indications, Warnings, etc. Contra-indications: Severe heart disease, hyperthyroidism, diabetes, high fever. Patients with hypertension or receiving anti-hypertensive medication. Use during, or within 2 weeks of stopping, therapy with Monoamine Oxidase Inhibitors. Concomitant treatment with sympathomimetic agents. Precautions: Caution in patients with angle closure glaucoma, prostate enlargement, during pregnancy or those receiving continual prescribed medication. Legal Category: P. Product Licence No. 0001/0110. Distributed by Zyma Healthcare, Holmwood RHS 4NU. Retail Price: 12s £2.02, 30s £3.39. Date of Preparation: December 1993.

# £1.5m ON TV

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And that's why we're spending more than ever before, (in fact well over \$1.5 million), on TV advertising. That's in addition to a campaign in major national womens' magazines with over twenty insertions appearing during January, February and March.

Because when it comes to Ibuleve, seeing really is "Ibuleve-ing!"



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**Active Ingredient:** Ibuprofen BP 5.0% w/w. **Directions:** Lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as req up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. **Precautions:** If symptoms persist for more than a few weeks, consult do Not recommended for children under 14 years. Patients with a history of kidney problems, asthma or aspirin sensitivity should seek medical advice before using IBULEVE. Keep away broken skin, lips and eyes. Not to be used during pregnancy or lactation. Keep all medicines out of the reach of children. Do not use if sensitive to any of the ingredients.

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# Old Over the Counter

OVER THE COUNTER

Help more smokers  
kick their habit  
Sensible dieting for  
lasting results  
Snuffing out those  
seasonal sneezes  
Older customers need  
skincare advice too  
Dust mites: unwelcome  
guests in the home





Karvol relieves children's nasal congestion and allows them to breathe easily throughout the night. And there's no need to wake them up, because with Karvol there's nothing to swallow or rub onto a child's chest.

Parents simply dab the pre-measured capsule dose on a handkerchief tied to the cot, and the natural vapours of pine, menthol and

cinnamon effectively relieve blocked noses and stuffy colds. That means a good night's sleep for children and their parents – and explains why Karvol is the most recommended nasal decongestant.

So, considering Karvol's gentle efficacy and ease of use, it's a natural recommendation for children. And their parents.

**Easier breathing for an undisturbed night's sleep**

# Karvol

*Natural vapours to clear  
blocked up noses*



**DECONGESTANT CAPSULES**  
Pine, Cinnamon and Menthol



SUPPLEMENT TO

# CHEMIST & DRUGGIST

January 22, 1994

**Editor:** John Skelton, MRPharmS

**Supplement Co-ordinator:**

Jane Feely, PhD, MRPharmS

**Art Editor:** Tony Lamb

**Advertisement Manager:**

Ian Gerrard

**Publisher:** Ron Salmon, FRPharmS

**in** A United Newspapers publication

# Over the Counter



## Help customers kick their smoking habit in 1994

Of all the New Years resolutions, the one where people decide to stop smoking must be the most difficult to keep. How can you help those customers who are determined to quit?

8



## Getting in shape for the new year

A sensible mix of healthy eating and exercise are the key to getting in shape... and staying that way. Jacqui Brommell explains how

18

## How to take the strain out of exercise and sport

Sally Malady has taken up jogging to try to get in shape but she's sprained her ankle in the process. What would you recommend she does?

22

## An in-depth look at the humble prescription form

The standard FP10 prescription form changes hands across the counters in our pharmacies literally millions of times a month. But how much do you really know about that piece of paper?

24

## Tis the season to be sneezing!

Colds and flu are big business for pharmacy. We take a look at how the flu virus keeps one step ahead of scientists and at what you can recommend to ease that "bunged-up" feeling

27



## Skincare advice for older customers

Why do skincare articles always feature young girls with perfect skin? Your more mature customers can also benefit from your help and advice, as C&D's Sarah Purcell demonstrates

34



## Watch out there's a thief about!

Fraud and theft are on the increase but everyone who works in the pharmacy can play a part in keeping it under control. Training consultant Diane Bailey looks at this very important area of shop life

36



## When the mites get up your nose

Allergies are not just a problem in the Summer when pollen levels are high. In the Winter, people allergic to house dust mites are particularly likely to suffer. C&D's Patrick Grice takes a closer look at these minute monsters

42

Published by Benn Publications Ltd, (member, United Newspapers Group), Sovereign Way, Tonbridge, Kent, TN9 1RW Telephone: 0732 364422 Telex: 95132 Benton G Facsimile: 0732 361534

## Enter the Over the Counter quiz

Win yourself a bottle of champagne

This month, *OTC* has half a dozen bottles of champagne to give away. All you have to do is answer the following questions and send your entry to the address at the end to arrive no later than Monday, March 7. Senders of the first six entries out of the bag each win a bottle of bubbly. (Hint: All the answers can be found in this issue of *Over the Counter*.)

1. Roughly how many smokers are there in England over the age of 16?
2. What proportion of women are willing to give up smoking when pregnant?
3. Who is the author of our article on dieting and exercising?
4. What does the "RICE" routine stand for in sports injuries?
5. What colour is an FP14 prescription form which is issued by dentists?
6. What name was given to the strain of flu which was infecting people this Winter?
7. Give two examples of oral decongestants containing phenylpropanolamine
8. What percentage of people suffer from allergies?
9. What is the name of Elida Gibbs' new Lynx fragrance?
10. Verity is giving up smoking again. How many times has she tried before?

Send your answers to: *Over the Counter Quiz*, *Chemist & Druggist*, Benn Publications, Sovereign Way, Tonbridge, Kent TN9 1RW.

# OTC

Volume 6 Number 47

January/February 1994



Well how was it for you? Christmas and the New Year I mean. If you're anything like most people I know, myself included, you ate too much, drank too much, had too many late nights, had your fill of being nice to all your relatives, and now you're back at work and it all seems like a bad dream! Perhaps that's over doing the doom and gloom aspect a little but now I feel I need a holiday to recover from Christmas.

Now, everyone in the C&D office is trying their best to stick to their New Year's resolutions. Some are on a diet and others are doing their best to avoid the cigarettes. A recent survey about dieting confirmed what we all thought was the case — more women than men diet but its the men who generally need to watch their weight.

Apparently, a third of all adults in the UK are trying to slim at any one time but if you break this down by sex, nearly twice as many women as men are watching the calories. This is rather ironic when you consider that 37 per cent of men are overweight but only 24 per cent of women.

So what are your resolutions for 1994? Ailsa Benson, head of training at the NPA, hopes that improving your knowledge about all things in the pharmacy will be high on your list of priorities. If that is the case, OTC is here to help. In the meantime, I hope your willpower is better than mine — I'm afraid chocolate is my downfall!

*Jane Feely*

**Jane Feely**  
Supplement Co-ordinator

# HEALTH NEWS

Make training your resolution



Pharmacy assistants have a huge responsibility to ensure they are trained and up to date, according to Ailsa Benson, head of training at the National Pharmaceutical Association.

"The job is changing all the time with more POM to P products being introduced and more customers using the pharmacy instead of their GP for minor ailments," she says.

Training for pharmacy assistants is not compulsory but they are the first to observe a person as they enter the pharmacy and are the first point of contact for most people, she says.

Customers are only too quick to criticise and one poor encounter will take a great deal of work to put it right. Training can help to prevent this from happening and strengthen the pharmacy team, she adds.

Ms Benson is as keen to encourage those who have been working as assistants for many years as those who are new to the job. "No matter how long we have been doing a job we should always be prepared to consider new information and not ignore the fact that there may be other ways of doing things."

Looking to the future, Ms Benson hopes that assistants will become confident enough to ask the 2WHAM questions during conversation, gathering information in a subtle way rather than asking questions directly.

More self-help and life-style advice will also be a feature, she says. "All this needs training and lots of it, but training should be fun, not a chore."

So if you want to make training part of your New Year's resolution, where do you start? The NPA are currently involved in three different courses — the Medicines Counter Assistant Course, the NPA Assistants Training Manual and the 1994 Pharmacy Assistant Awards programme.

The Pharmacy Assistant Awards is run by de Brus Marketing Services and is sponsored by six companies with support from *Chemist & Druggist* and the NPA who endorse the selling skills element.

## Pharmacy is tops for mothers

Pharmacists and their assistants are important sources of advice for mums buying medicines for babies and toddlers, according to a recent Dentinox survey.

Some 93 per cent of parents questioned said they would ask their pharmacist or pharmacy assistant for help, compared to 79 per cent who would ask their doctor and 63 per cent who would ask their health visitor.

Other key points that influenced choice of medicine were a familiar, trusted brand name and the fact that a product did not contain sugar or alcohol. Only 3 per cent of parents said

they would choose a medicine because it was the cheapest.

Most parents said that if the brand they wanted wasn't available in the shop, they would go elsewhere for it.

## Compliments of Complan

The following people were the lucky winners of hand-painted breakfast sets in the Complan competition run in the September/October issue of *OTC*: Helen Mullen, Crossgates, Fife; Heather Darcie, Inverness; Jayne Howis, Warley, West Midlands; Mrs M. Ridge, Warlingham, Surrey; Miss D. Hall, Bearwood, Smethwick; Mrs S. Prinjia, Erdington, Birmingham; Miss H. Perks, Boston, Lincs; Mr J. Katechia, Ilford, Essex; Ann Macdonald, Glasgow.

## Factfile

### Update on shingles

While one in four of the general population will suffer from shingles at some time in their lives, only a small minority recognise the symptoms or receive treatment for the condition.

That was one of the main findings of a survey into this distressing condition by Help the Aged. They found that seven out of ten shingles patients are over 60 years old and they frequently suffer pain lasting months after their rash has disappeared.

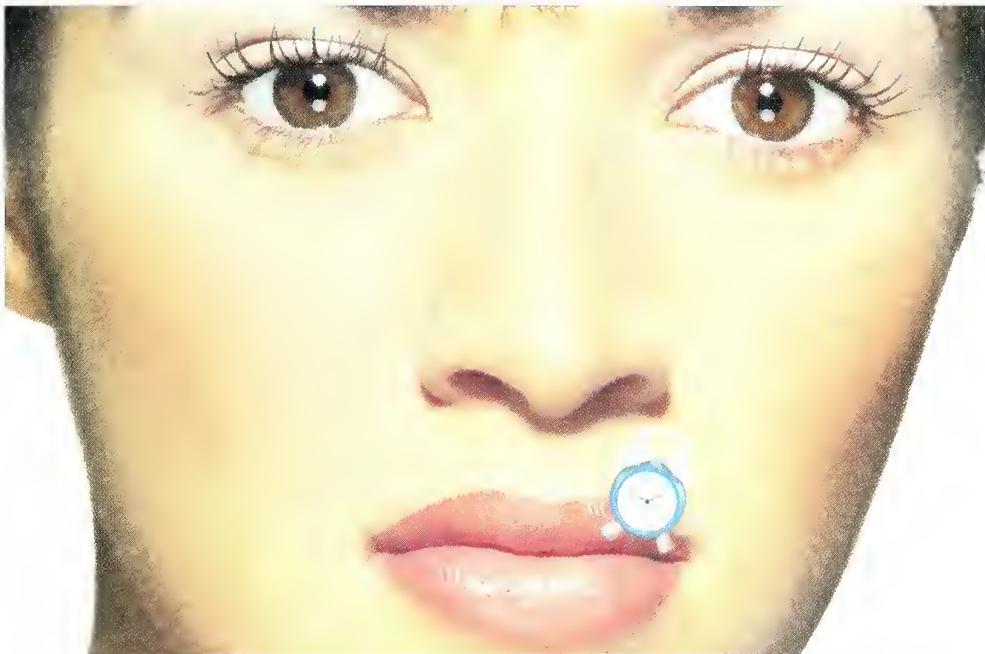
In response to the survey, Help the Aged have launched a campaign to raise levels of awareness and knowledge about shingles among the general public.

The following points will give you a brief run down of the main characteristics of this disease:

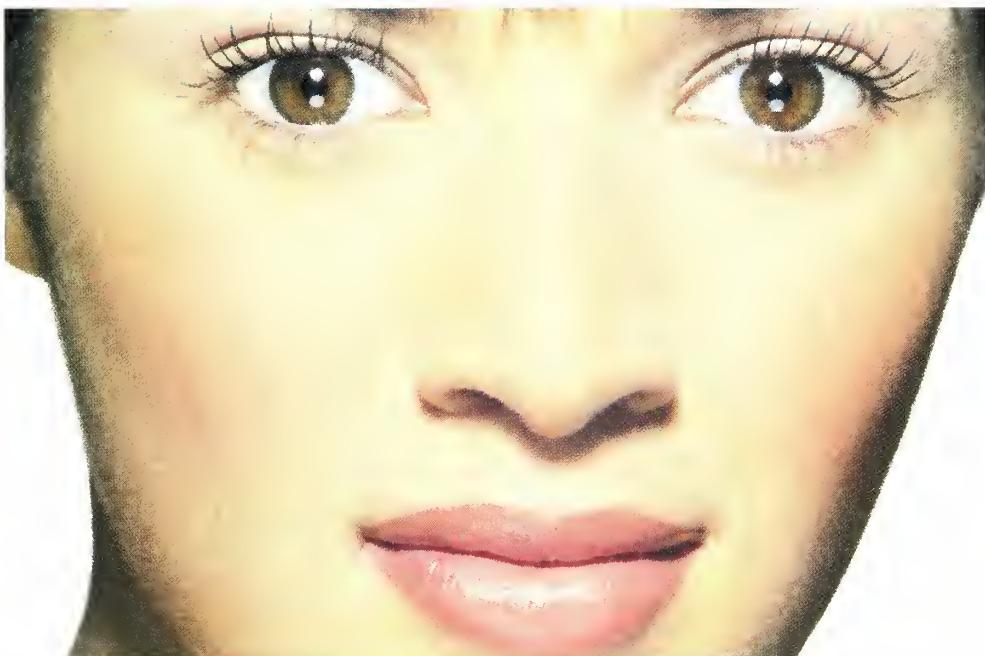
- Shingles is a common disease caused by the same virus as chicken pox.
- It is seen as a painful rash, usually in a band across one side of the body or face.
- Shingles can affect people of any age but it occurs more frequently in older people.
- You can only catch shingles if you have already had chicken pox because it is the same virus that becomes active again.
- You can't catch shingles from someone else with the condition but if you have never had chicken pox it is possible to catch this from someone with shingles. If you have shingles you should avoid babies, young children or pregnant women who have not had chicken pox, and anyone who has a weakened immune system.
- A common complication with shingles is long-term pain which lingers after the rash has healed. Problems with sight and hearing are not very common but may happen if shingles affects the face.
- The choice of treatment will depend on how severe the infection is and the age of the patient. Anti-viral therapies can shorten the attack and help reduce pain but only if started within two to three days of the rash appearing. Other treatments include analgesics and antibiotics.
- Anyone who suspects they have shingles should see their doctor as soon as possible.



# COLD SORES? A MAJOR BREAKTHROUGH



Treating the tingle can prevent a cold sore



# ZOVIRAX®

COLD SORE CREAM

Early use can prevent a cold sore

ZOVIRAX COLD SORE CREAM. Acyclovir. Essential information. **Presentation:** 5% w/w acyclovir in water miscible cream base. **Uses:** Cold Sore treatment. **Dosage and administration:** Apply 5g a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued up to an additional 5 days. **Contra-Indications, warnings, etc. Contra-indications:** Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to acyclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side- and adverse-effects:** Transient burning or stinging may follow application. Mild drying flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. **Retail Selling Price:** subject to Retail Price Interventions. 2g tube - £4.99 (PL 3/0304) **Legal category:** P. Further information available on request: Wellcome Medical Division The Wellcome Foundation Limited Crewe Hall, Crewe, Cheshire, United Kingdom, CH1 5JL. © Wellcome Trust 13/5/13. ® Trade Mark.

## 'New Man' just doesn't exist

The "caring, sharing nineties" is a myth, at least for women, and the elusive "New Man" is probably just a figment of our imagination, according to a report by Mintel.

In the age of sexual equality where women now make up nearly half the



workforce, the burden of domestic responsibility is not being shared equally between both partners.

And not only are women still doing the household chores they are also taking on increasing responsibility for bringing in household income, handling the household budget and making long-term financial decisions.

According to the report, married women get the worst deal when it comes to domestic chores. Couples most likely to split tasks equally tended to be those under 34 and childless.

The turning point is when the couple becomes a family. Men may

set out with good intentions but there is a major shift in the workload once children arrive. At this stage the man appears to abdicate responsibility for his share regardless of whether his partner is working or not.

Mintel identified three types of married or cohabiting women:

- Super housewives — who have all or most of the responsibility for cooking, shopping, washing and ironing.
- Household managers — who also deal with budgeting and bills.
- Household chiefs — who also have responsibility for making major, long-term financial decisions.

## Cold sores make news

Pharmacies hit the headlines just before Christmas with more bad publicity about the advice they give on OTC medicines.

An article on "News at Ten" said pharmacists were failing to give essential advice when selling Zovirax Cold Sore Cream.

Anonymous researchers visited 50 pharmacies and asked for Zovirax. They said that hardly any pharmacists asked those questions recommended by the manufacturer and none said the product could not be used for genital herpes.

But the Royal Pharmaceutical Society claims the survey was 'flawed'. The researchers had asked for the product saying that they had had cold sores before and that they could feel the tingle stage. In these circumstances, pharmacists could reasonably conclude that the person wanted treatment for a sore on the lips, they say.

## Want more information?

Every issue, *Over the Counter* gives details of some of the leaflets and booklets available relating to topics covered in that issue, with details of where these can be obtained. (For company addresses and telephone numbers, see the C&D Monthly Price List)

Subject	Product(s)	Where obtained
Stop smoking	Nicobrevin Nicotinell British Lung Foundation Nicorette	Intercare Products Ciba Pharmaceuticals Ciba Pharmaceuticals
Sensible drinking Winter allergies	- Allerite	Kabi Pharmacia Pharmacy Healthcare Scheme Vax Appliances
	Intervent Actomite Aller-eze Triludan Radian-B	W.L. Gore & Associates Searle Intercare Products Marion Merrell Dow Roche Consumer Health
Muscular Pain	PR Sprays Algipan Ibuleve	Crookes Healthcare Whitehall Labs DDD/Dendron Ltd

## Snappy sales make snappy profits

Recent advances in film and camera technology mean it has never been easier to take terrific pictures. In the first of a series of six articles, we explain how

Photography and pharmacies go together like strawberries and cream — it's a historic link that has stood the test of time and offers potential even for the smallest business.

The advances in film and camera technology in the past few years mean it has never been easier or more economical to take terrific pictures.

But because film sales tends to be seasonal, focusing on Summer and Christmas, there is a

buys a 36 rather than a 24 exposure film.

So, when your customer asks for a 35mm film, don't just take a 24 exposure 100 ISO off the shelf. Ask if he wants 24 or 36 exposures, whether he is going to use it indoors with a flash or outside in the sun, and what about buying two just to be sure they don't run out.

### Get displaying

Many film companies are offering special deals such as three films for the price of



tendency for film to be sidelined on a shelf at the back of the counter rather than displayed prominently — and that means your customers may not even realise film is available.

As a result, you could be missing out on impulse purchases — and your customers, many of whom will be regulars for their prescriptions, will get into the habit of going somewhere else for film.

### No expert

You do not need to be a photographic expert to sell films or cameras. You will probably only stock two sizes of film — 35mm and 110 — and two film speeds — 100 ISO and 200 ISO. Both speeds are ideal for most cameras and for almost all occasions, but the 200 ISO film will be suitable if your customer is considering taking pictures in variable conditions or with a flash.

Because it is more flexible, 200 ISO film is a bit more expensive, offering a greater margin for the retailer, especially if the customer

two, together with excellent point-of-sale display material to promote their offer. If you stock Fujifilm, for example, you will have seen the "explosive" PoS displays they have produced for the award-winning Super G film.

This display material is there to be seen. It is a shame not to use it — not just for the film company's sake but also because it is designed to encourage your customers to buy extra film.

As well as film, many pharmacies also carry a selection of cameras but, as with film, you do not have to be an expert photographer to give advice to customers thinking of investing in one.

In this series throughout the year, we will give you some pointers about selling film, cameras and those single-use disposable cameras which are catching on fast. Hopefully you'll increase not only your knowledge but also your sales as a result. (Material for this series is supplied by Fuji Photo Film (UK) Ltd)

# There are 60 painkillers you can recommend for headaches. It's probably 59 too many.

**A**ll you need is one analgesic you can rely on with confidence. You already know how effective Nurofen is in the relief of muscular pain, backaches and period pain. But did you know it's just as effective for headaches, whether caused by stress, migraine or colds and 'flu'? Clinical trials have shown that Nurofen outperforms both aspirin and paracetamol in this indication. One trial, for example, showed that Nurofen 400mg provided

## WHY IS NUROFEN SO EFFECTIVE?

People feel pain partly because a high level of certain natural substances, prostaglandins, is present in their bodies at the time. Bring prostaglandins under control, and you've attacked most pain where it starts.

## NUROFEN

## NUROFEN

A BRE



12 Tablets

A BREAKTHROUGH IN PAIN RELIEF

It's Nurofen's proven ability to control prostaglandin production that gives it an advantage over many analgesics. It has been shown to inhibit prostaglandin production better than aspirin and paracetamol (which has little anti-prostaglandin activity).

The anti-prostaglandin nature of Nurofen not only makes it effective against most types of mild to moderate pain but also enables it to reduce fever and inflammation, conditions that often accompany pain.

That's what makes Nurofen the reliable all-round analgesic you can recommend with confidence.

significantly more relief than either aspirin 350mg or paracetamol 1,000mg<sup>1</sup>. At the same time, Nurofen is as well tolerated as paracetamol and gentler on the stomach than aspirin.

## EASY TO SWALLOW

For even an effective medicine to do its job, your customer has to want to take it. That's why every Nurofen



tablet is dressed in a sugar coat which takes us 16 hours to apply. This gives it a small, rounded shape, sleek finish and pleasant taste. That means Nurofen is easy for people to swallow and they won't mind taking it. And soon after they do, they find it effective as well.

## WE'D LIKE TO TELL YOU MORE

There's so much more you can learn about pain relief. That's why we continue our training series which includes many materials on Nurofen. So send us the coupon opposite for your free copy of the Headache & Migraine Series Supplement, a set of booklets and advice leaflets for your customers on coping with headache and beating pain.

Reference: 1. Noyelle, R.M., et al. Pharm. Journal, 1987, 238, 561.



Nurofen Advisory Service,  
PO Box 63, High Wycombe,  
Bucks HP10 8XA

Whether it's headache, backache, period pain, dental pain or cold and 'flu symptoms, you can rely on Nurofen.





# Quitting for good

*About one in three of the adult population is a smoker, yet 40 per cent of these will die before retirement age. Jane Feely reviews those OTC products available to help people who want to stop*

There are an estimated 12 million smokers over the age of 16 in England, about one in three of the adult population. Yet every year, there are also about 110,000 smoking-related deaths.

A habit that often starts out of curiosity or because of peer pressure during teenage years can have devastating results later in life. Of those who try more than one or two cigarettes when they are young, some 85 per cent will become regular, dependent smokers.

These statistics make grim reading and, when you consider the associated health risks, you can see why the Government has set targets on smoking as part of its "Health of the Nation" plan. The aim is to reduce smoking prevalence to no more than 20 per cent by the year 2000 and to cut the consumption of cigarettes by at least 40 per cent.

Whether it realises it or not, the Government has a strong ally in community pharmacy. Since the transfer from POM to P of nicotine gum and patches, the pharmacist's role in advising patients wishing to give up smoking has increased

## Different types of smokers

**Not all people smoke for the same reasons, and knowing what triggers the desire to have a cigarette can help you help the smoker to quit.**

**Some of the different categories of smokers include:**

- **Habit smokers** — people who find themselves with a cigarette in their hands without realising it
- **Craving smokers** — Whose desire for a cigarette reaches the extent where they may even be forced to go out and buy a packet in the middle of the night
- **Relaxation smokers** — Often only smoke after meals and in the evenings when relaxing
- **Stimulation smokers** — Want a cigarette when working to help improve concentration
- **Support smokers** — Turn to cigarettes when under stress
- **Social smokers** — Smoke when in company because other people do
- **Handling smokers** — Give in to the desire to have something in their hands.

considerably. And with it the role of the pharmacy staff.

There has been a reluctance in the past to think of smoking as an addiction, but that is exactly what it is. Smokers who have trouble quitting are addicted to the nicotine in cigarettes.

Although the effects of nicotine are subtle, the urge to smoke is thought to be at least as strong as the urge that heroin addicts or

alcoholics experience. No wonder so many try to give up and fail.

Cigarette smoke is mild enough to be inhaled deep into the lungs. The nicotine in the smoke is then absorbed into the blood stream and within ten seconds reaches the brain. The resulting "high" is one reason why smokers keep coming back for more.

When smokers try to give up and nicotine is taken

away from their bodies, withdrawal symptoms occur. These can be strong enough to keep the addict chained to his habit and may include craving, anxiety, irritability, restlessness, sleeping problems, difficulty in concentrating, sweating, dizziness and headache.

While some addicts have the willpower to wean themselves off without any help, the majority don't find it so easy going. With the availability of effective OTC products, help is at hand. This article takes a look at how these products work

## Replacing nicotine

It is generally accepted that the most effective smoking cessation products are those which stop withdrawal symptoms by replacing the nicotine normally derived from cigarettes.

The theory is that it is easier to cope with the physical and social aspects of not smoking if nicotine withdrawal symptoms are suppressed. Once the person is used to not smoking, they gradually wean themselves off the nicotine.

There are two nicotine

**Continued on p10 ▶**

# Thanks to our latest TV campaign, the smoker's partner is now your perfect business partner.



**nicotinell** Patch. Professionally designed. Prescribed.

L 7 days supply of large size nicotine patches  
for smokers of 20 or more cigarettes a day

New Year's Day, with the help of special Nicotinell TV commercial, millions of smokers resolved to give up. Last year's TV advertising made Nicotinell the largest OTC brand in pharmacies. With our new multi-million pound TV

campaign for 1994, your sales should really light up. Nicotinell is the brand leader with 57% market share.<sup>†</sup> And what's more it offers more than double the shelf yield of its nearest competitor.<sup>‡</sup> Addictive stuff for pharmacists.

For further information on Nicotinell, please telephone ZYMA Healthcare on 0306 742800 and ask for Sales Services. NICOTINELL is a registered trademark.



ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

† NIELSEN MAR-APR 1993. ‡BPI DATA SEPT 1993. NIELSEN SEPT-OCT 1993.

replacement therapies on the market — chewing gum and transdermal patches. They should not be used by people who continue to smoke. This form of help lessens the urge to smoke but gives none of the pleasure of a cigarette.

Nicotine replacement, in any form, should not be used during pregnancy. Anyone with persistent indigestion, chest pain, heart disease or who is taking other medicines on a regular basis should consult their doctor or pharmacist before starting treatment, as should women who are breast feeding.

### **Chew, don't smoke**

Nicotine chewing gum (Nicorette) was originally only available on private prescription but then the 2mg strength was transferred to P status. A mint flavoured variant was introduced and, at the end of last year, Nicorette Mint Plus 4mg also went OTC. The original 4mg variant should join the OTC ranks soon.

When Nicorette is chewed slowly, nicotine is gradually released in the mouth and is absorbed into the blood stream. The person starts

### **Pass on helpful tips**

If your customer has decided to stop smoking, here are some helpful tips you can offer:

- Set a day to stop completely — there's never going to be a perfect, stress-free time to stop, so set a date in the not too distant future and stick to it
- Try quitting with a friend so that you have some extra moral support and incentives
- Remove all temptation including lighters, matches, ash trays and so on. Don't be tempted to keep a couple of cigarettes "just in case"
- Avoid places or activities where you are most likely to smoke. If this means missing a couple of nights down the pub, it'll be worth it
- Put aside all the money you would have spent on cigarettes and watch it grow. Promise yourself a really nice treat with it and use that as an incentive to keep off the fags
- Remember that cravings only last a few minutes; they go away if you ignore them
- Keep busy — take up a new hobby or sport to keep your mind off smoking. Extra activity will also help with any unwanted weight gain.
- If at first you don't succeed, quit, quit, quit again. The more motivated you are, the more likely you are to succeed.

(Information courtesy of Kabi Pharma)

### **'I can't help it, I'm addicted'**

- 72 per cent of smokers consider themselves to be victims of nicotine addiction
- 60 per cent want to kick the habit or have already tried
- 93 per cent say the harm they inflict on others is not a good enough reason to stop
- Nearly half continue to smoke in bed despite fire brigade warnings about the obvious dangers
- 38 per cent stand outside a no-smoking building in the rain or cold to smoke
- 33 per cent are ashamed of the way they smell
- 29 per cent singe their hair or face trying to light up from a cooker!

(Information courtesy of Ciba-Geigy Pharmaceuticals)

with the 2mg strength and chews one piece of gum whenever there is an urge to smoke. If more than 15 pieces a day are needed, they should opt for the higher 4mg strength.

Nicorette gum should not be chewed continuously. Instead, a piece should be chewed until there is a pronounced taste in the mouth and then it should be "parked" between the gum and cheek while the nicotine that has been released is absorbed. If a piece of gum is chewed continuously, a very strong taste results and may be accompanied by nausea and indigestion.

After about three months, the amount of Nicorette chewed should be reduced gradually to zero.

Rarely, Nicorette can cause unwanted side-effects such as a strong taste, sore throat, hiccups, headache, nausea or indigestion. These may be due to an incorrect chewing technique. However, if palpitations, chest pain, leg pain or severe indigestion occurs, use of the gum should be stopped and a GP consulted.

### **Patch it up**

Nicotine patches are the latest way to introduce nicotine into the body to help withdrawal symptoms. There are a number of makes on the market and all are applied to the skin like a large sticking plaster, usually on the upper arm or hip. Once in place, the patch allows the steady passage of nicotine into the blood.

Two general approaches to nicotine delivery across the skin have been developed — delivery over 16 hours and over 24 hours. The latter has the potential to minimise withdrawal symptoms and craving first thing in the morning while those who favour the 16-hour patch argue that no smoker is ever normally exposed to nicotine while they sleep, so why do they need to use a patch at night. There is also the concern

that 24-hour patch users are more prone to sleep disturbances.

Nicotine patches come in a range of different strengths. The number of cigarettes a person smokes a day will determine which patch they start on and they then move to a lower strength as their body needs less nicotine. Treatment with nicotine patches should not exceed three months.

Possible side-effects include redness and itching at the site where the patch is applied. Choosing a new site for the patch each day will help overcome this. Other effects include nausea, headache, dizziness and insomnia.

While patches effectively reduce the craving to have a cigarette, they do not help the behavioural or mental element of the habit. Somehow sticking a patch on after making love is not quite the same as lighting up. If it is this aspect of smoking that the person particularly misses, they may find the gum works better.

### **Other products**

Other smoking cessation products available from pharmacies include:

- **Nicobrevin** — This is a 28-day course of capsules said to reduce the craving

for cigarettes and counteract nicotine withdrawal.

Nicobrevin contains methyl valerate 100mg, which is a mild sedative, quinine 15mg and camphor and eucalyptus oil to help relieve the accumulation of mucus in the lungs, which can be a problem when a person stops smoking.

- **Tabmint** — This is another form of chewing gum but the active ingredient is silver acetate which works by spoiling the taste of the cigarette. One or two pieces are chewed at least 15 minutes before smoking, to a maximum of six in 24 hours.

● **Nicotine lozenges** — Stoppers, Stubit and Resolution are all lozenges containing nicotine. Stubit contains 1.1mg of purified nicotine, Stoppers contain nicotine equivalent to 0.35mg and come in a choice of flavours, and Resolution contains nicotine 0.5mg together with vitamins A and E and ascorbic acid.

- **Filter solutions** — These are applied to the filter at the end of the cigarette and are said to reduce the level of tar and nicotine inhaled.

Whatever method your customer chooses, remember that those most likely to succeed are those who are the most motivated to kick their habit. OTC products can help but they are no substitute for willpower.

Your customers are going to need every bit of encouragement they can get and you can do your bit when they come into the pharmacy. Ask how they are getting on and tell them about people you know who have been successful.

With your encouragement, advice and helpful tips, the progress from being an addict to being cigarette-free may be just that little bit easier.



# Spot the number one heartburn treatment

Heartburn can be a real pain for your customers, but relief from heartburn and acid indigestion now comes in lemon, peppermint and aniseed flavours

Because your customers wanted a choice, Gaviscon, the number one heartburn remedy in pharmacies, is available in two new flavours — peppermint flavoured liquid and lemon flavoured tablets. Gaviscon doesn't just soothe the pain. It gets to work fast and goes on working to keep the pain away.



## The competition

You can help your heartburn customers by recommending Gaviscon, you could also be the winner of £100 worth of Marks & Spencer vouchers.

All you have to do is to circle every bottle and packet of Gaviscon in the picture, fill in the form and return it to: Gaviscon competition, Over the Counter/Chemist & Druggist, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Name.....

.....

Address.....  
.....  
.....  
.....

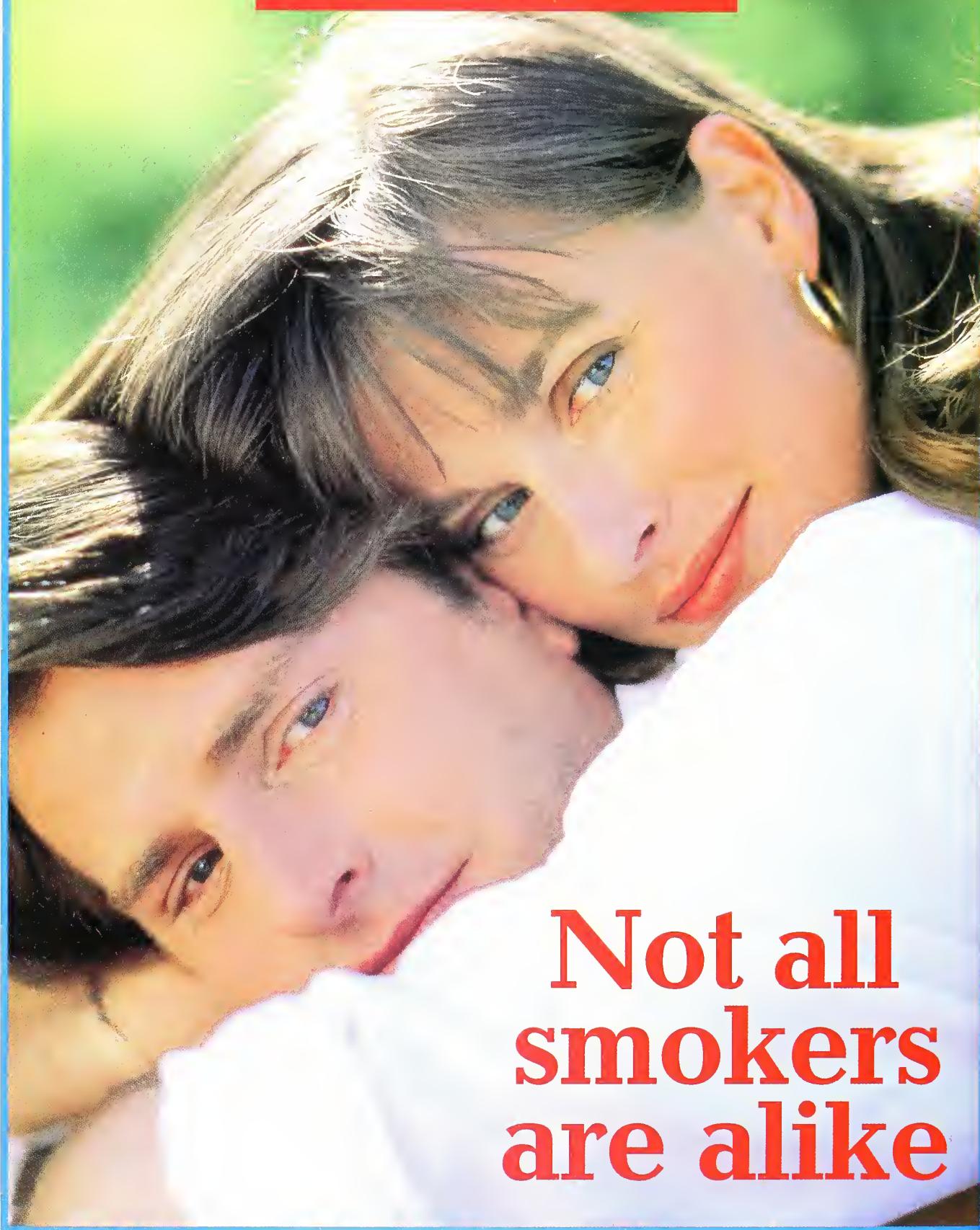
Pharmacy.....  
.....

The winner will be the first correct entry out of the post bag on February 28. The next ten will each receive a £20 Marks & Spencer voucher.

### Rules:

1. The details shown above form part of the terms and conditions of this competition.
2. All entries must be on a form cut from this publication. Incomplete or illegible entries will be disqualified.
3. There is no cash alternative for any of the prizes.
4. All entries become the property of Reckitt & Colman Products.
5. The competition is not open to employees of Reckitt & Colman or Benn Publications Ltd.
6. Over the Counter and Reckitt & Colman Products reserve the right to use any submissions for future publicity.





# Not all smokers are alike

Some 70 per cent of all smokers would like to quit and many have probably already tried at least once. But giving up smoking needn't be an ordeal. Nicorette can help

With Nicorette, your customers' nicotine intake is gradually reduced to help them overcome their nicotine addiction, so they can kick the smoking habit without having to face the

problem of craving nicotine.

In fact, medical trials have shown Nicorette gum and patch users had more than double the success rate compared to people giving up smoking using willpower

alone.

## Nicorette offers customers choice

It's important to remember not all smokers are alike — smoking habits will vary

from person to person.

To recommend the most appropriate Nicorette formulation, there are three important questions you should ask each customer:



1. How many cigarettes do you smoke each day?
2. How long after waking do you have your first cigarette?
3. Do you smoke at regular or irregular intervals throughout the day?

Refer to the Nicorette Selection Chart to make sure you recommend the Nicorette formulation that matches your customer's smoking pattern and personal preference.

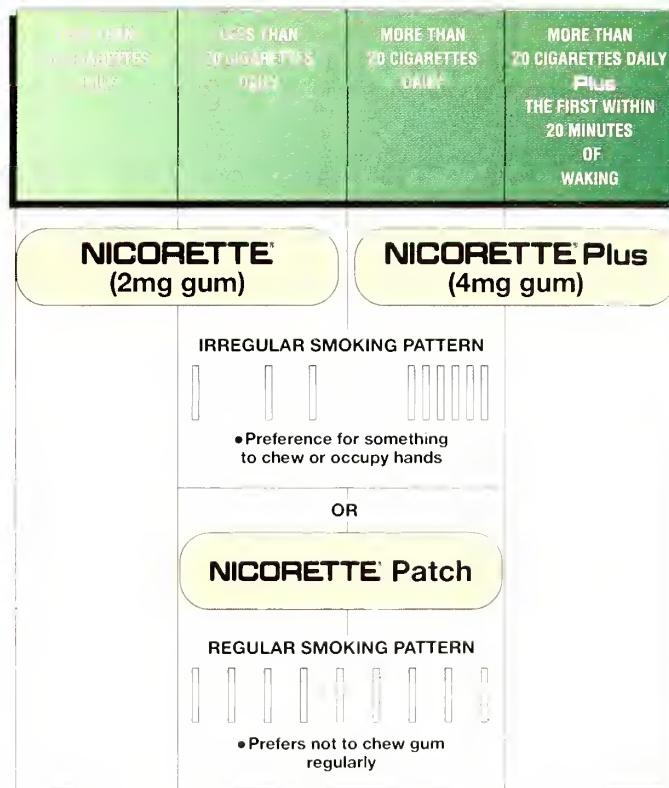
Recommending the most appropriate formulation can greatly improve your customers' chances of success.

### Giving up smoking starts here

The Nicorette Patch releases a controlled daily amount of nicotine from morning to bedtime to match the usual smoking period.

Because the Nicorette Patch is only worn for 16 hours it does not cause sleep disturbances and avoids unnecessary night-time nicotine.

Or, by chewing a piece of Nicorette gum whenever the urge to smoke is felt,



15mg

10mg

5mg

8 weeks

2 weeks

2 weeks

Nicorette gum provides a variable daily amount of nicotine for smokers with an irregular smoking pattern.

Nicorette Mint Plus (4mg gum) is ideal for highly dependent smokers. The double strength gum provides higher nicotine blood levels at a faster rate than the 2mg gum but still less than those attained through smoking a cigarette.

Nicorette (2mg gum) or Nicorette Mint Plus (4mg gum) should be used for three months and then reduced gradually until they're cut out completely.

If a heavy smoker starts with Nicorette Mint Plus (4mg gum), Nicorette (2mg gum) can be used in the reduction stage.

Remember it's important to remind customers not to smoke and use Nicorette at the same time.

### More power to their willpower

Because Nicorette is now available as fresh-tasting new Nicorette Mint (2mg gum) and as new Nicorette Mint Plus (4mg gum), now you can help more smokers quit with Nicorette to boost their willpower.

# NICORETTE®

MASTERS OF NICOTINE  
REDUCTION THERAPIES

Pharmacia Ltd, Davy Avenue, Milton Keynes MK5 8PH.

# Are you forcing your child to smoke?

*The harmful effects of passive smoking are well documented, yet many children continue to be subjected to severe health risks by their smoking parents, as Zita Thornton explains...*

Children in homes where both parents smoke could be inhaling the equivalent of 150 cigarettes a year without ever actively lighting up for themselves. These children are the innocent victims of passive smoking.

By inhaling sidestream smoke, that is smoke from somebody else's cigarette, they are being exposed to a cocktail of harmful chemicals — and levels of some of these are actually higher than levels inhaled by a smoker. For instance,

## Tempting teenagers

Smokers who start in their teenage years are at a greater risk of dying in middle age, and there is a clear link in girls between smoking and low academic achievement. Yet smoking parents continue to provide the wrong sort of role model for their teenage offspring by smoking themselves. In doing so they are putting their stamp of approval on the habit.

The ready availability of cigarettes in the homes of smokers makes it easier for youngsters to experiment, even if their parents have tried to discourage them. There has been a drop in the number of young smokers during the 1970s and 1980s, but this has levelled off and it is now estimated that a quarter of 15-year-olds smoke.

the level of tar is 70 per cent higher and there is more than twice the amount of nicotine and carbon monoxide. There is a horrifying 830 times increase in the level of the cancer-causing chemical N-nitrosodimethylamine in sidestream smoke.

The harmful effects of passive smoking are now well documented, and are being taken so seriously by many companies that they are introducing smoke-free work places. These effects go beyond unpleasant smells

Pictures courtesy of Nicorette



and irritation; there is a direct link between passive smoking and heart disease, allergies and chest disorders including an increased risk of lung cancer.

Unfortunately, children do not have the choice of where they live and play, yet they are being subjected to severe health risks by their smoking parents.

### A bad start in life

Even before they are born, babies are being exposed to possible damage from their parents' smoking. Each year, thousands of unborn and newborn babies die because of the poisons passed through the mother's bloodstream. The placenta,

which is the baby's supply route for oxygen and nutrients, can also be damaged by nicotine and carbon monoxide.

All this means that there is twice the risk of miscarriage when the expectant mother smokes, and smoking up to 20 cigarettes a day can result in a 20 per cent increased risk of the baby dying at birth or soon after. Carbon monoxide causes less oxygen to reach the baby, increasing the dangers at birth at a time when oxygen levels may be low anyway. There is also more chance of foetal abnormality.

Smoking during pregnancy, particularly by the mother but also to some

extent by the father, can cause premature birth and low birth weight. One study of 6 to 10-year-olds showed that those with smoking parents were smaller than those whose parents did not smoke. Passive smoking before birth and in infancy seems to be the culprit here. A smoking mother also has a one in eight chance of giving birth prematurely.

The good news is that there is evidence to suggest that, if the mother gives up smoking before the fourth month of pregnancy, she has the same chance as a non-smoking mother of giving birth to a baby of normal weight.

It is a simple matter to

save the lives of up to 8,000 babies who die each year because of their mother's smoking. Unfortunately, only 15 per cent of women are willing to give up smoking during pregnancy.

There is evidence that mothers who smoke during pregnancy could be making it more difficult for their daughters to conceive. And,



derived chemical cotinine in the saliva of 11 to 16-year-olds was directly related to the smoking habits of their parents.

It now seems certain that the growth and development

trigger attacks in their asthmatic children, who have 47 per cent more symptoms than do children of non-smokers.

Glue ear, the most common cause of admission

## The gruesome facts

- Children in homes where both parents smoke inhale the equivalent of 150 cigarettes a year
- Sidestream smoke contains twice the amount of nicotine and carbon monoxide and 70 per cent higher levels of tar than that inhaled by smokers
- There is a direct link between passive smoking and heart disease, allergies and chest diseases, including lung cancer
- A mother who smokes when pregnant has twice the risk of miscarriage.
- A mother who smokes also has a one in eight chance of giving birth prematurely
- A mother who smokes during pregnancy could be making it more difficult for her own daughters to conceive
- A baby of smoking parents is twice as much at risk of cot death than a child of non-smokers
- The children of parents who smoke suffer more coughs, bronchitis and sore throats

after birth, breastfeeding babies take in nicotine-related chemicals in their mother's milk, so it is not enough for nursing mothers merely to stop smoking when near their babies.

Studies into cot death have shown that a baby of smoking parents is twice as much at risk of dying in this way and the more heavily the parents smoke, the more likely their baby is to suffer.

### A growing problem

During the past 20 years, research into the effects of passive smoking on children has passed from the infant to the older child. In Britain, one study showed that the amount of the nicotine-

of children's lungs and their ability to breathe well can be affected if their lungs are often filled with cigarette smoke at a young age. Certainly there are more and longer hospital admissions for respiratory disorders in children whose parents smoke. They also suffer more from coughs, bronchitis and sore throats.

Smoking parents can

to hospital for surgery in children, is also associated with passive smoking. One study showed that nearly half of the children aged two to three years who had suffered three or more attacks of middle-ear infection had at least one smoking parent. Because these children suffer repeatedly from so many minor ailments, they

With the availability of effective OTC products (left) to help smokers quit, is there really any excuse for them continuing?

have more absences from school. Naturally this can have a significant effect on their education. This is particularly worrying when it is coupled with the fact that children of smokers may lag behind in learning skills, particularly with reading.

### What a legacy!

The hazards to health of smoking are now well documented but the results of a 40-year study show conclusively that, if you stop smoking, there is still time to avoid many of the risks. Clearly adults should be encouraging teenagers to give up or not to start at all. The same study also condemned cigarette advertising as immoral.

Clearly, adults and, in particular, smoking parents have a significant influence on the health of their children. Most parents are concerned about the health and safety of their family. We all teach our children good road sense, how to look after their teeth and to wear a helmet when cycling, yet many parents carry on damaging their children's health by smoking.

Is this a legacy that you really want to pass on to a growing family?

## Tobacco advertising

A spokesman for the Tobacco Advisory Council said recently that its advertising was aimed at the over 16s, but that children had made up their minds before this age whether or not to start smoking from seeing others smoke and so on.

But in December 1993, one tobacco company decided to curtail one of its advertising campaigns at the request of the Advertising Standards Authority, after research by the Health Education Council claimed it was being noticed more by children than adults.

Only 49 per cent of adults were particularly aware of the adverts featuring a character called Reg, compared with 91 per cent of children. It was also noted that teenage smoking in "Reg areas" had increased whereas in "non-Reg areas" it had remained stable.

**Every time we turn on the television, open a magazine or go to the cinema, we're bombarded by images of people drinking. Whether it's a clever beer advert or a glamorous spirits campaign, you can't avoid it. For some people, however, alcohol isn't a joking matter. Jane Nichols reports**

At the age of 18, I couldn't wait to walk into a pub and order my first pint — well Cinzano and lemonade anyway.

At last, it seemed, after years of waiting in the games room with my coke and crisps, I could actually get my hands on some alcohol and enter a whole, new "grown up" world.

Today, I could probably count the number of times that I was in a pub last year on one hand, but that doesn't mean I no longer drink. Given the current hardship of the brewing industry, much the same can probably be said for many adults, but alcohol still plays a role in many people's lives.

### The morning after

Most people enjoy the odd tipple or two and there are even those who believe that a little alcohol does you good.

But whatever you consume, the misery of having one or two too many may bring customers crawling meekly into the pharmacy.

Although you can recommend ready made "hangover" cures, the key elements for overcoming over-indulgence are fluid replacement and restoring lost salt and glucose.

If a thumping headache is also part of the problem, remember that paracetamol is less harsh on the stomach than aspirin and may be preferable if your customer is feeling queasy.

Although the latest figures from Alcohol Concern show that general alcohol consumption is more or less at the same level it was ten years ago, that doesn't mean that we have cracked the problem of alcohol abuse — far from it. Indeed, in the UK we still spend some £43 million a day on alcohol.

### How far is too far?

Some 15 per cent of men still consume more than the 21 recommended units per week, while 5 per cent of women exceed the recommended female limit of 14 units per week.

By far the biggest problem, however, is that many people still don't fully understand how damaging alcohol can be to the body.

And recognising alcohol abuse is difficult. Unlike someone suffering from a



### Did you know?

Alcohol abuse can lead to:

- high blood pressure
- certain forms of cancer
- malnutrition
- gastrointestinal problems
- heart and circulatory problems
- infertility and impotency
- cirrhosis of the liver

are difficult to pinpoint although theories include the rising spending power of women and the occurrence of specific, high-stress incidents in their lives such as marital problems.

Women are also more sensitive to alcohol, and the menstrual cycle is thought to be tied into this alcohol sensitivity, with the days before a period and during ovulation the most sensitive.

But one of the more worrying statistics is the number of women who choose to drink alone, at home in the middle of the afternoon.

### How can you help?

Admitting that a drink problem exists is difficult. You are unlikely to elicit a response from customers by direct questioning.

A more subtle, and therefore probably more effective, way of reminding people of the dangers of alcohol consumption is to throw the whole issue open in the pharmacy.

Ask your pharmacist whether you could display posters highlighting the health problems caused by alcohol or just reminding people of the recommended weekly limits. Or, at this time of resolutions and post-Christmas "cutting back", you could ask customers to consider how many units they consumed over the festive season.

Alcohol abuse is dangerous and it kills. So, although we can all be flippant about it from time to time, remember those people for whom it is not a laughing matter.

Socially, mentally and financially, alcohol can be crippling. If in doubt consult your pharmacist. There are also many organisations who can help. Why not find out who they are and be sure, if you are approached, that you can provide help immediately.

# Last orders please

cold who walks in with a hanky attached to their nose, the alcohol abuser is unlikely to walk into a pharmacy with a bottle of gin in their pocket, or indeed to show any outward signs of their addiction.

Nonetheless, as alcohol can damage virtually every organ of the body, let alone the social ostracisation that often follows dependence, it is worth considering the effects of what is, after all, a drug addiction.

Until quite recently,

alcohol abuse was largely thought to be a male problem, with images of rugby players downing 15 pints after thrashing their weekly rivals.

Research over the past five years, however, has highlighted a growing number of alcohol-dependent women, with women as a whole drinking twice as much wine and spirits as they did over a decade ago.

The reasons why more women have turned to drink

### Tips on how to cut back on drink

- Avoid drinking on an empty stomach
- Drink alcohol-free wine or lager and space out your alcoholic drinks with soft ones
- Drink slowly
- Avoid going out with other heavy drinkers
- Keep a drink diary and set yourself daily limits
- Make sure you have several alcohol-free days per week

# ACID REFLUX?

One name won't keep  
your customers guessing

20 CHERRY FLAVOUR TABLETS

NEW

BiSoDol  
**HEARTBURN**

DOUBLE ACTION  
FORMULA

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Over 3 million people suffer from heartburn, at least once a week on average.<sup>†</sup>



New **Bisodol Heartburn\*** now lets you offer them a remedy truly dedicated to treating the problem.



Its special long-lasting, double-action formula offers an alginate barrier to protect the oesophagus *PLUS* 2 powerful antacids that rapidly neutralise excess acid.



With a great-tasting cherry flavour and eye-catching packaging, it's ideal to recommend and display.



A massive £2 million national TV launch starts soon, backed by in-store leaflet display and promotional support - so order **New Bisodol Heartburn** now, before your customers ask for it by name.

## NEW BISODOL HEARTBURN

**It's The Name To Beat The Burn**

Independent Research Data On File

**PRODUCT INFORMATION.** **Presentation:** Bisodol Heartburn Tablets. **Active Ingredients:** Magaldrate USP 400mg/tablet, Alginic Acid Ph. Eur. 200mg/tablet, Sodium Bicarbonate Ph. Eur. 100mg/tablet. **Indications:** Bisodol Heartburn alleviates the painful conditions resulting from gastric reflux. It is indicated in heartburn, including heartburn of pregnancy, reflux oesophagitis, hiatus hernia, regurgitation and all cases of epigastric distress associated with gastric reflux. **Legal Category:** GSL

Whitehall Laboratories Limited, Taplow, Maidenhead, Berkshire SL6 0PH  
Telephone 0628 659011 \* Trade Mark



# Burn off those bulges!

Most of us start the New Year with the best intentions of losing weight and getting fit — only to creep back into our old ways before the Christmas tree's been taken down! But forget about strict diets and punishing exercise routines and your New Year's resolution really can last all year. Jacqui Brommell shows you how...

It's easy to plan an enthusiastic diet and exercise campaign for the New Year while you're slouched in front of the TV munching the last of the Christmas chocolates.

But overloading on rich food and alcohol over Christmas is a hard habit to break, and the depressing Winter weather makes sitting sluggishly in that cosy chair or tucking into a calorie-laden meal even more appealing.

By mid-January most of us are fed up with a meagre diet and exhausting exercises and have convinced ourselves that no-one will notice those few extra bulges under our Winter woollies. The trouble is that a few extra pounds have a nasty habit of multiplying and becoming twice as hard to shift.

So, before you give in completely and sink deeper into slothful habits, remember that the secret to success is to ease yourself into a healthier lifestyle gradually. It'll soon become a way of life. Even better, you'll never have to go on a diet again!

The first step to shedding the flab is to stop thinking in terms of crash diets and fad foods. You may well stick to them at first when the pounds seem to be falling off

Picture courtesy of Sanatogen



but any initial weight loss is mainly water, not fat.

It's only natural that your willpower will eventually snap, especially when the scales refuse to budge. This often happens with these diets because you eat so little that your metabolism slows down, making it harder to lose weight.

Another problem with faddy diets is that your mind wanders wistfully to those "forbidden" foods, making you feel so deprived that it's easy to run screaming for the nearest sticky bun or chocolate bar.

Instead, try and focus on foods that are good for you. Aim for a healthy, balanced

diet where no foods are forbidden but some should only be eaten in moderation.

Most of us know that healthy eating means cutting down on fatty, sugary foods and eating plenty of fresh fruit, vegetables and starchy carbohydrates. The good news is that you can actually eat more if you eat healthily

## When temptation strikes ...

Identify your "crisis points" and work out how you can avoid them. For example, keep your energy levels — and willpower — high by spacing meals out evenly. Choose either three large meals or five small ones a day, whichever suits your lifestyle and appetite.

Eating breakfast can help avoid those mid-morning hunger pangs. If you're prone to wander to the kitchen while watching TV, experiment with snacks based on fruit and vegetables. Don't keep fatty, sugary foods in the house and try to drink plenty of water.

Keeping busy and active helps take your mind off food and teaming up with a friend will improve your motivation. But if you really fancy that chocolate bar, wait for half an hour or so and if you still want it — treat yourself. Just don't make it a regular habit!

and still shift those stubborn pounds.

Junk food snacks and highly processed foods like pies, pastries, cakes and biscuits have so much fat and sugar lurking in them that even tiny portions can pile on the pounds — without filling you up. Instead, tuck into meals based on a large helping of starchy carbohydrate — bread, potatoes, wholegrain cereal, rice, or pasta. These are filling, nutritious and low in fat — as long as you don't smother them in rich sauces and spreads.

### Low-fat products

Switch to low-fat versions of butter, cream, milk and cheese. There are plenty to choose from and many taste as good as the real thing. Remember, however, that "low-fat" does not necessarily mean "no-fat" so don't award yourself double helpings. Make sure any meat you eat is as lean as possible and ring the changes with fish or pulses.

We should all aim to eat five portions of fruit and vegetables a day and these will also help fill you up while adding extra crunch and colour to meals. Add your favourites to as many meals as you can —

sandwiches, soups, pasta sauces. Make convenience foods more nutritious and satisfying by serving with a plateful of vegetables or salads and round off meals with a piece of fruit.

Eating a balanced diet packed with variety is the best way to get all the vitamins, minerals and fibre you need. And, with a little imagination, healthy eating doesn't have to be boring. Put sparkle into every meal by mixing colour, tastes, texture, sizes and shapes. Add flavour with herbs, spices, lemon juice and garlic and go easy on salt and rich salad dressings.

Hot meals are often more appealing than cold salads in the Winter but try experimenting with baking, grilling, steaming or stir-frying instead of frying.

### Shape up!

Regular exercise shapes your body by improving muscle tone and burning off fat — but the benefits don't stop there. Exercise also makes you feel good and can improve joint flexibility, muscle strength and the efficiency of your heart and lungs.

Around 20 minutes three times a week is all you need to notice an improvement. For general fitness, aerobic exercises are best — these are the ones that make you breathless such as jogging, swimming and cycling.

Don't despair if you're not the sporty type — exercise needn't mean sport. Start with something that's easy to fit into your daily routine and aim to take some exercise each day no matter how little. Walk or cycle to work or go for a brisk walk in the lunch hour. Climb stairs instead of using the lift or escalator. Or try an exercise video at home.

Forget complicated exercise regimes — keep it simple and you're more likely to stick to it. As you get fitter, why not try jogging, swimming or aerobics? It's more fun if you get a friend to join in too.

When starting any new activity, don't dive in at the deep end with an exhausting schedule. A sudden sharp shock of exercise can easily cause muscle sprains, strains and back problems — enough to put anyone off! Warm up gradually with gentle stretches and if you feel pain, stop!

If you want to take up a new sport, think carefully and be realistic. How much free time do you have? Do you need to travel to a club?



Is the sport expensive to take up, involving equipment and membership fees? Do you prefer a sport you can do on your own or do you prefer team sports? Consider trying several different sports and going along with other members before you commit yourself.

You might think that paying expensive fees will encourage you to carry on when your enthusiasm wanes — but it's far better to find something you enjoy. After all, enjoying a healthy lifestyle now means that this time next year you could easily have no New Year's resolutions left to break!

### Make the most of your meals

Each meal time does not have to be a traumatic experience, just treat it sensibly:

- Eat slowly; don't bolt your food
- Space meals out evenly
- Stop eating when you're full up, no matter how tempting it is to squeeze in another helping
- Don't eat when you're not hungry, but on the other hand ...
- ... don't wait until you're starving before you eat

## Think positive!

When you're trying to lose weight, keep your spirits high:

- Don't expect dramatic results immediately — think long-term
- Don't weigh yourself too often — natural monthly weight fluctuations can be off-putting
- Don't despair if you have a few bad days — start again
- Don't force yourself to eat healthy food you hate
- Suit yourself — take your normal lifestyle and eating habits into account
- Team up with a friend for moral support
- Focus on your good points and don't dwell on your weight
- Keep busy and active, perhaps with a new sport or hobby
- Concentrate on foods that are good for you
- Don't see sweet and fatty foods as banned but eat them in moderation
- Be realistic — for example, don't try to give up smoking at the same time as trying to lose weight

# Win a mountain bike with Slim Fast

This year you could be unwrapping a fabulous late Christmas present...just try your hand at the Slim Fast quiz below and you could win yourself a brand new Erik Rapidfire mountain bike worth over £350. Equipped with the latest German technology and Shimano gears, it's the smartest, fittest way to get around

Christmas already seems like a long time ago, but the extra pounds it left behind are still as solid as ever. Your traditional turkey dinner probably topped 3,000 calories and that's without the alcohol. No wonder January 1 is the date that launches a thousand diets! The fact is, nine out of ten hopeful slimmers will have fallen by the wayside long before the decorations are down.

## Dieting: the problem

No matter how motivated you are, you'll find that low calorie diets are virtually

A depressing and demoralising start to the New Year.

## Why bother?

Along with giving up smoking, getting into shape is the UK's favourite New Year's resolution. It's no surprise when you learn that according to the latest figures nearly half of us are overweight.

Fat isn't just a cosmetic issue. Each extra stone is like carrying 28 packs of butter. No wonder you have trouble running for the bus. And that's not all. Diabetes, arthritis, high blood pressure and heart problems are all aggravated by excess weight.

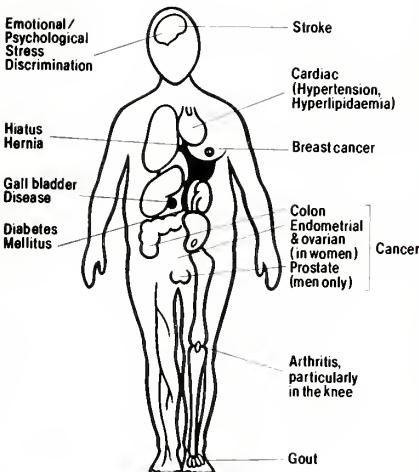
## Small losses big difference

Yet you don't have to lose much weight to achieve very real health benefits. If your weight problem is associated with high blood pressure or type II diabetes, for example, the experts say that losing even just 10 per cent of your body weight is likely to prolong your life. The trouble is, most dieters don't even manage to lose 10 per cent. If they stick to a slimming regime long enough to lose a few pounds, in 95 per cent of cases the weight climbs back on. So-called yo-yo dieting is disastrous for your confidence and it's so easy to become obsessed with the bathroom scales.

Calorie counting is fine, so long as you get all the nutrition you need. For the DIY dieter on 1,000 calories a day, that's really difficult. It's bad enough having to get out a calculator to tot up the calories, but imagine having to do it for protein, iron, vitamin C and the rest! Preparation can take hours, and you'll find your meagre portions generally end up costing you even more than you'd spend on your normal food.

impossible to stick to for more than a few days. If the boredom and aching hunger don't drive you to the biscuit tin, that terrible tired feeling will. Or you'll get fed up with turning down invitations and missing out on all the fun. Or you'll panic after the tiniest "cheat" and give up in despair.

If you manage a week of deprivation, you'll lose a few pounds. But that first loss is mainly water, and it often comes straight back on the following week. The result?



Gimmicky diets that promise magical results on hard boiled eggs, dry toast or grapefruit are recipes for failure. Crash dieting on odd food combinations leave you weak, irritable and hungry. Most people give up in despair long before any real harm is done.

## Everyone knows someone who's lost weight with Slim Fast

Slim Fast comes in a wide choice of foods and flavours, it tastes delicious, and is really convenient. That's probably why it accounts for over 90 per cent of sales of slimming products through UK pharmacies. There is plenty of scientific evidence for Slim Fast's success — Slim Fast has had more clinical trials than any other meal replacement programme.

A quarter of the dieting

population in the UK and Ireland — that's a million adults a day — use nutritionally adequate, calorie-counted formula foods such as Slim Fast as a base for their slimming diet. They know they're getting all the vitamins and minerals they need, packed into meals that are filling yet really low in calories.

## Case history: dancer Lisa King lost 10 lbs in four weeks

"Putting on 10lbs might not sound like much to you, but if you're a dancer like I am it's a disaster," says Lisa King of Winchmore Hill in London. "I broke my ankle last year and so couldn't do any exercise for a few weeks. The weight just piled on." Lisa was back in shape after only four weeks on the Slim Fast plan. "If I gain just a few pounds then my job's



on the line, so I can't afford to waste time and money on diets that don't work." Lisa can be dancing for several hours a day, so one of her priorities was a plan that kept her feeling full of vitality. On calorie-controlled diets she usually felt weak and exhausted.

## Why Slim Fast worked for Lisa

Fast results: lost 10lbs in just four weeks  
Didn't feel hungry - each shake is a really filling meal  
Lots of different delicious flavours  
Flexible programme let Lisa enjoy favourite foods and socialising in moderation  
Felt full of energy  
Convenient - could just pop a ready-to-drink carton or nutrition bars into bag to take to rehearsals.

Slim Fast is concentrated nutrition in tasty calorie-counted meals. "It was so convenient. I could take a Slim Fast Nutrition Bar or a Ready-to-Drink shake with me into rehearsals. It's quick, there are so many flavours to choose from, and it gave me all the stamina I need for a demanding session."

## Case History: Rachel Galloway lost three stones in as many months

Housewife Rachel Galloway put on three stones while pregnant. Two and a half years later, it was still there. "I had always been naturally slim, but while I was expecting Jack the weight piled on, and after I gave birth the extra weight just stuck there." In just three months the Slim Fast programme had restored

Rachel maintains a weight of 12 1/2 stone by eating 2,300 Calories a day. She slims down to 9 1/2 stone.

Rachel's metabolism will have slowed by 450kcal - in snack terms that's the equivalent of a medium-sized Cornish pasty; or a packet of crisps and two shortbread fingers.

By keeping to 1,850 calories a day Rachel can maintain her new weight.

# Food for thought



One serving of Slim Fast has:  
Less fat than most low-fat yoghurts

More fibre than two typical wholemeal soft bread rolls



Rachel to her ideal weight of 9 1/2 stone.  
"One of the brilliant things about this diet was that I completely lost my craving for sweet things. The milkshakes also really filled me up so I wasn't tempted to pick at the family's leftovers at mealtimes."

## Sensible options for weight maintenance

Weight loss is always accompanied by a slowing down of the metabolic rate. No matter how gradually you lose weight, it's a fact of life that once at target weight you'll need to learn to eat less - for good - in order to stay there.

It works out at around 150 calories per day for each stone lost.

Staying slim, then, depends upon developing new habits that stay for life. Even small changes - like giving up nibbling the kids' leftovers, swapping meals out for a night at the gym, can make all the difference.

## Regular weight checks from your pharmacist can help

Regular weighing or measuring helps keep you on track. A weekly check is sensible. Remember women often retain water before a period - this can account for temporary weight gains of several pounds.

As soon as weight begins to creep back on, the surest option is to go back onto the eating plan that took the dieter to target weight in the first place. Just a few days on Slim Fast may be all that is needed to get back to square one.

**Slim Fast: effective weight loss, and long term weight control. This could be the last time you'll ever need to resolve to slim.**

More vitamin C than a tomato



More protein than a boiled egg



More iron than a portion of boiled spinach

More calcium than 1/2 pint of milk



## The competition

Here's some simple figure work for you. Just calculate the correct answer to each of the following questions. It's easy - the clues are all on these two pages! Then cut out this section and return to: OTC/Slim Fast Competition, C&D, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW.

Each correct entry will be placed in a draw to be held on March 1, and the lucky winner will be informed by post.

1. Sally maintains a weight of 11 stone on 2,200 calories a day. If she slims down to 9 stone, what daily calorie intake will maintain her new weight?

a) 1,850 calories  b) 1,900 calories   
c) 1,950 calories

2. What is the size of the dieting population in UK and Ireland?

a) 4 million  b) 1 million  c) 900,000

3. On average, how quickly did Lisa King lose weight with Slim Fast?

a) 1lb a week  b) 2lbs a week  c) 2 1/2lbs a week

Name.....

Address.....

.....

Postcode.....

**Rules:** 1. All entries must be made on a form cut from this publication. Incomplete or illegible entries will be disqualified. No purchase is necessary. 2. The competition is not open to employees of Benn Publications or Sun Nutritional. 3. There is no cash alternative for the prize. 4. Entries become the property of Sun Nutritional. 4. The closing date for entries is March 1, 1994.



# The Maladies

Sally: "I think I've sprained my ankle. What have you got for it?"

Assistant: "Oh dear, you have been in the wars haven't you? How did you manage to do that?"

"Well, I've been jogging as part of my New Year's resolution, and last night I stumbled on the edge of the pavement. It didn't feel too bad at the time but this morning my ankle's sore."

"Can I have a look at it?" (Assistant looks at the ankle and sees it is swollen and bruised.) "Oh yes, that does look rather sore. Are you managing to walk on it?"

"Yes, with difficulty, but my mum put a crepe

## The injured list

- Over 15 million people in the UK regularly play sport
- About four out of five soft tissue injuries are sports related
- It is estimated that as many as 5,000 people sprain their ankles every day in the UK
- Soft tissue injuries are thought to account for approximately four million lost working days a year
- One in four sports injuries affects the knee and one in five the ankle
- For a professional sportsman or woman, some injuries can spell the end to their competitive careers
- Half an hour of vigorous exercise three times a week can significantly reduce a person's risk of dying from cardiovascular disease

bandage on it and that helped. She thought I needed some cream too."

"Well the most important thing is rest, to start with. Putting some ice on it last night may have reduced the swelling a little, but it's too late now. The bandage will help support the ankle and you may need to wear that for a few days.

"The cream your mum mentioned is probably a topical analgesic which is a form of pain-killer you apply directly to the affected area. The skin on your ankle is not broken so you could try one of those. There are also creams you can apply to help take the bruising out."

"Oh, I see. And what about taking tablets?"

"Yes, you can do that if you prefer. Both aspirin and ibuprofen can help reduce inflammation and relieve pain. If the swelling is still a problem in a day or two, you should go to your doctor."

"How long will it be before

I can start running again?"

"Well you mustn't rush back before your ankle is completely better. You may find you need to wear an elasticated support bandage for a while."

"My Dad said it was my own fault because I hadn't warmed up enough first."

"Well, it's important to warm up and stretch for about ten minutes before you start to exercise. This helps avoid pulled muscles. As you hurt your ankle slipping, it's likely that warming up would not have made any difference. You'll

just have to watch where you're running in future.

"Make sure that the shoes you wear are OK for jogging and it may be best not to go running at all if it's wet or icy. Why not think about an indoor sport that you could play on those occasions when you can't go outside or why not try aerobics?"

## Sprains and strains

Most of us have suffered from a soft tissue injury at some time in our lives. You don't have to be a budding Linford Christie or Ryan Giggs to slip and twist an ankle or pull a muscle while doing some DIY. However, most of these injuries occur during sport and exercise.

At this time of year, when the knowledge of how much we ate over Christmas weighs heavy on our minds, as well as on the bathroom scales, the tendency is to turn over a new leaf and start exercising.

It's not uncommon to see overweight, middle-aged men puffing along the streets in jogging suits or teenage girls flocking to join an aerobics class.

The key to successful and

## Tips to help you stay injury-free

- Always start with a ten minute warm-up session of stretching and gentle exercise.
- Exercise at the pace that your body dictates, building up gradually over time
- Never ignore pain. If something hurts, stop doing it!
- Ensure that you have the proper clothing and equipment for your chosen sport
- Postpone sport if conditions are too dangerous
- Don't just flop into a chair afterwards; cool down gradually
- After injury, never rush to return to full exercise too quickly

healthy exercise is not to overdo it. Ignoring this basic advice can result in injuries.

## Common causes

There are two main causes of sporting mishaps — direct injuries and indirect injuries. The former are usually caused by a collision with a solid object such as a ball, racket or another player. Hockey and rugby players are particularly prone to these injuries.

Indirect injuries can be inflicted by the person themselves. They are usually caused by over-stretching, a general lack of fitness or over-use of a particular muscle group.

## Soft tissues

What all these injuries have in common is that they involve the body's soft tissues — the muscles, tendons, joints and ligaments. While the customer may use a variety of terms to describe these injuries — aches, pains, sprains, strains and pulled muscles — the injuries can be classed into three types.

### • Sprains and strains

Customers often get confused about these two different conditions. A strain is an actual tear or rupture in the muscle. It can be caused by trauma such as a kick to the area or it may be caused indirectly such as over-enthusiastic exercising in an aerobics class.

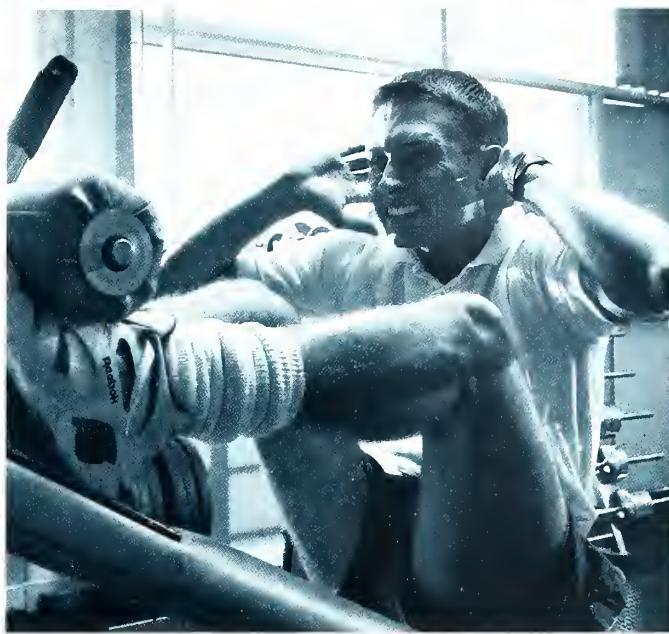
A sprain on the other hand involves damage to the joint itself, such as the wrist or ankle. If a person falls and puts out their hand to stop themselves, a sprained wrist can result. Footballers or squash players who try to turn swiftly while on the run are prone to twisting knees.

Whereas a strain will cause discomfort and some swelling, a sprain will produce a much greater amount of swelling, more acute pain and restricted movement.

• **Bruises and haematomas** Bruises are a common fact of life. Just a knock against the side of a shop counter can lead to some spectacular examples. Bruises are caused when small blood vessels under the skin are damaged and blood leaks into the surrounding tissues.

A haematoma is a similar injury but is more serious and needs medical attention. In these cases, a larger blood vessel is broken and bleeding underneath the surface of the skin can be extensive. As a result, a huge swelling can come up very quickly indeed.

Picture courtesy of Ibuleve



### • Repetitive strain injuries

RSI can result from any activity which involves performing the same movements over and over again. Sporting examples include tennis elbow, where there is swelling and tenderness around the elbow joint as a result of overuse of the muscles. Golfers are also

customers not to overdo things or they could be back to square one again.

The treatment options in terms of pharmacy products include topical analgesics, oral analgesics and support bandages.

Topical products are often preferred for this type of injury because they can be

## Rice and easy does it

As soon as possible after an injury occurs, the following four-step programme should be initiated:

- **Rest** — This is important to stop the injury getting any worse. No further exercise should be taken for at least 24 hours after the injury.
- **Ice** — Cooling the affected area helps reduce the amount of swelling. This can be done using an ice pack, but even a bag of frozen peas will do in an emergency. Make sure the ice is well wrapped in a cloth or thin towel to prevent ice burns to the skin.
- **Compression** — Gentle compression using a bandage or support dressing also helps reduce swelling and bruising. Take care not to apply a bandage too tightly.
- **Elevation** — Raising the damaged joint is another means to help reduce swelling. In the case of an ankle injury, the leg should be raised higher than hip level. Injured wrists should be rested in a sling with the hand higher than the elbow.

prone to this type of injury because of the action of their swing. RSI is also a hazard for people who spend all day operating a computer.

## Treatment options

If someone presents with a sports injury, first make sure that it is not more serious than it appears. If the joint is too painful to move or can't take the person's weight, refer them to their GP.

If the injury is caught early enough, recommend the person follows the RICE technique — Rest, Ice, Compression and Elevation.

After a few days, provided the swelling has gone down, gentle exercise can be attempted. But warn your

applied directly to the affected area.

There are two main types of topical products — topical NSAIDs and rubefacients. Neither should be used if the skin is broken and use should be stopped if any irritation occurs.

NSAID is the common abbreviation for the group of ingredients called non-steroidal anti-inflammatory drugs. Topical NSAIDs include ibuprofen (Ibuleve, Ibugel, Proflex) and ketoprofen (Oruvail). The analgesic activity of these products lasts a few hours but they are also useful against inflammation, an effect that builds up over a few days.

Topical NSAIDs should not be used by anyone who is pregnant or is known to be allergic to aspirin or oral NSAIDs. Caution is also necessary with asthmatics.

Rubefacients are often called counter-irritants as, when applied, they cause a mild, local inflammatory response which detracts from the feeling of pain. A sensation of warmth usually accompanies this irritation. Other products work by cooling and numbing the area of the injury.

Common examples of warming products include Deep Heat, Lloyd's Cream, PR Heat Spray, Radian-B, Ralgex and Transvasin. Freeze products include PR Freeze Spray and Ralgex Freeze Spray.

## Oral products

There is a whole range of OTC analgesics available over-the-counter in pharmacy. Most are based on either a single active ingredient — aspirin, paracetamol or ibuprofen — or are combination products.

Patient preference will play a large part in what analgesic to recommend — but remember that aspirin and ibuprofen have anti-inflammatory properties and may be more useful for this type of injury. Paracetamol is the analgesic of choice for children under the age of 12, while asthmatics should take care with ibuprofen and aspirin. In all cases, do not exceed the stated doses.

## Prevention

No matter how good the intentions after Christmas, nobody is going to turn from a couch potato into an Olympic athlete overnight, and over-doing it won't help the process. Any exercise should be taken slowly, at the person's own speed.

Injuries can be reduced by observing a few simple rules. These may sound like common sense, but it is amazing how many people forget them once they get their jogging gear on.

Taking time to warm up before starting and to cool down afterwards helps prevent muscle strains. Ensuring you have the right equipment and that conditions are not too dangerous will also help reduce the risk of injury.

The message to pass on to your customers should, of course, emphasise the health benefits of regular exercise but not at any price. If they take things gradually, they should benefit without any unwanted soft tissue injuries.

# More than a doctor's note



Photographs taken at Community Pharmacy Showdrop (Canterbury) Ltd

"They're only tablets, I'll wait." How many times have you heard those infamous words, and watched your colleagues in the dispensary gritting their teeth at the lack of respect for that sheet of paper which has just been thrust over the counter?

If you are lucky, the shop will be empty and the prescription can be dispensed quickly, but there's one scenario I can guarantee will always be played to a full shop.

The performer will be blessed with a loud voice and will broadcast to all present: "These are wrong.

They're not my tablets."

The first of these examples produces mental frustration and anger; the second a cold dread and feelings of doom at the possibility of prosecution and heavy fines.

All too often, we forget that the humble prescription form is a very important legal document which licences the holder to be in possession of an otherwise illegal substance.

The process by which the prescribed medicine came to be in the hands of the patient is a chain of events composed of many links. Each of the people in this chain handles the script details, adds to them and amends them and each is subject to human failings.

## Important role

Our role is to ensure that the right patient receives the right medicine. It sounds simple but is far from it.

From the beginning, it makes sense to adopt a progressive and scientific approach. When the form is presented to you, you should ask: "Who is the patient?" followed by: "What is the address?" That will make sure your customer has actually been given the right prescription at the surgery. There could so easily have been two Mr Smiths at the doctor's that morning.

Similarly, when the finished script is given out, it should only be exchanged for the other half of your ticket, if you use them, or in response to your checking.

You should announce the name, saying: "Prescription for Mr Jones?" and when he answers, you should ask for his address. These two checks are very important.

Consider the scenario — Old Mr Jones of Prescot Road doesn't hear very well and thinks that the next prescription out should be his. You say: "Prescription for Mr Smith of 317 East Prescot Road?" He says: "Yes" and takes Mr Smith's medicine. It's so easily done but, if you ask him for his address, you'll know it is not his medicine.

## Types of script

You may come across many different types of prescription forms, but the most common is the white NHS FP10. This is the one which the doctor tears off the top of his prescription pad in the consulting room.

There is a variant called the FP10 (comp), which is used in the surgery computer. This is a double

**Continued on p25**

## Stolen scripts

Stolen prescription forms are like any other stolen property, but with one difference — they only become valuable when someone buys them or tries to cash in on them by forgery.

The common factor is that forged, stolen prescriptions will invariably be for drugs of abuse. The number of forged stolen prescriptions for paracetamol must be in single figures but for temazepam, for example, it is a very different story.

You must always be alert. Ask yourself: does it look odd; is it an excessive amount; do we know the customer; is he local; is it a local surgery; is it the doctor's writing; is the surgery closed at the moment; is it for a drug of abuse?

These questions should come automatically, but be prepared for the most plausible of excuses and reasons. Some of these people are old hands at pulling the wool over the eyes of pharmacy staff.

## Continued from p24

width form, but we usually only see the left hand side containing the medication details. The right hand side contains information about repeat prescriptions and is usually kept at the surgery or is given to the patient.

Just like the labels in our dispensary, these forms are driven through the computer printer by a tractor unit. Our

### 'I don't have to pay'

Most people who bring prescriptions into your pharmacy do not have to pay for their medicines. They may be children, old age pensioners, receiving social security and so on. Whatever the reason, they have to declare that they are exempt by completing the form on the back of their prescription.

It is vital that each and every exemption declaration is made correctly. That means a tick in one circle and one box, a signature, date and either the words "as overleaf" or the signatory's name and address. One missed declaration means you will lose £4.25 per item! So it is vital that you check.

One word of warning is appropriate here. If it is the policy of the shop to help customers fill in the backs of the scripts, do be careful. If you sign the declaration on someone else's behalf with the information they have given you, and it is found to be fraudulent, you will be the one in the dock. It is no secret that the Department of Health is going to concentrate on fraudulent declarations on scripts. You have been warned!

People who normally pay for their prescriptions may purchase a "season ticket" for a fixed price which then exempts them from charges for that period of time. This can save money for those receiving a number of prescription items on a regular basis.

Labels have a perforated backing paper, their forms have perforated ribbons on either side. These ribbons should be removed before the script is sent off for pricing. In theory, it is the responsibility of the surgery to remove them. In practice, many are left on.

With the exception of items on the "blacklist", a GP may prescribe almost anything for his patients.



Dressings and appliances cause the greatest headaches for pharmacists because many of them are not listed in the Drug Tariff and so are not allowed on prescription. If you do inadvertently supply one of these items and it is not in the Tariff, the shop won't be paid for it. If you are unsure, always check.

### Other colours

Another variant of the FP10 is the blue FP10 (MDA). This stands for "Misuse of Drugs Act", and is the form used for people who have become addicted to various substances and are being cared for by their GP.

The main difference between the white FP10 and its blue counterpart the FP10 (MDA) is that repeat instalments are allowed on the MDA variant. This is used for patients who have difficulty looking after their medicine and would otherwise take it all in one go or sell it on.

A drug addict who has been notified to the Home Office and is under the care of a drug dependency clinic will be given a pink FP10 HP (ad) prescription form for his medicine.

Dentists working for the NHS prescribe on yellow FP14 forms but have only a very limited list of drugs available to them. As more and more dentists reject the restrictions and conditions imposed on them by the

NHS, there will be an upsurge in the numbers of private prescriptions they will be issuing.

### From hospital

Hospital prescriptions come in two varieties. The white one is the in-house prescription and has printed on it words such as "this must be taken to the pharmacy at XYZ Hospital". Needless to say, a fair number slip out and are presented at community pharmacies. They are invalid outside the hospital. You cannot dispense them.

The other hospital form is the dark red or orange FP10 (HP), issued from outpatient clinics and less frequently nowadays for patients being discharged.

There are major differences between what is allowed and what is not on all of these forms. There are also geographical variations. The regulations are complex and a comprehensive guide is available from the National Pharmaceutical Association.

### What happens next?

Have you ever wondered what happens to all the prescriptions after they have been dispensed? At the end of each month, they are collected together, sorted and sent off to be priced so that the pharmacist can be paid for the medicines he has dispensed.

To do this, the scripts have

to be sorted into paid, exempt and contraceptive "no-charge" bundles. Each bundle is then further sorted into order by doctor's name. A statement form is filled in and the parcel submitted to the Prescription Pricing Bureau no later than the fifth day of the month following its dispensing.

As soon as the bundle is received, the contents are checked against the declared figures. That entails putting them through a large counting machine.

If the pharmacy has forgotten to remove the perforations from the FP10 (comp), it is at this stage that they have to come off, together with all other adhesive stickers, notelets and, if the worst comes to the worst, pins and staples! Remember that the people at the PPA are working against the clock and these things can hinder them. Anything you can do to help is really appreciated.

From there the scripts are transferred to the pricers or data input officers who key the information into the central computer. The computer prices each item and the cumulative data is then transferred to a magnetic tape which is sent back to your family health services authority. They run the tape and pay the shop for the drugs used.

It is to the continuing credit of the workforce of the divisions of the PPA that, by around the middle of each month, in the region of 33 million prescriptions are processed nationally. Without them, the pharmacist would not get his cheque at the end of the month, the wholesaler would not be paid on time, supplies would be suspended and the child in the shop would not have the antibiotic he needs for his chest infection.

We all work in a team for the benefit of the customers. Help them to help you to help your patients.

### For Latin lovers

Have you ever looked closely at the top left-hand corners of the prescriptions you receive and wondered what that symbol means? It is rather like a capital R with a cross through the tail.

It harks back to olden days and stands for the Latin verb *recipe* (pronounced *reck-ee-pay*), and means "take thou". All prescriptions still start that way today.



# Break through dry rasping coughs with Hill's Balsam Suppressant

As you might expect, Hill's Balsam Adult Suppressant is a strong and effective formulation just like the Adult Expectorant. This is because the Adult Suppressant contains double the amount of pholcodine per spoonful compared to many other brands – ensuring that it is particularly effective in treating your customer's dry, tickly and rasping coughs. Not only can you rely on its efficacy, but it does not cause drowsiness, is free from artificial colours and flavourings and there is the convenience of two bottle sizes.

A suppressant you can recommend with confidence, knowing that it is an effective brand and a household name with strong brand loyalty.

## Shouldn't you be stocking Hill's Balsam Adult Suppressant?

The Hill's Balsam range also includes formulations for chesty coughs, including a pleasant tasting children's mixture and convenient pastilles.

This season, Windsor Healthcare will support the range with yet another extensive advertising and promotional campaign – guaranteed to help maximise the sales potential of Hill's Balsam in *your* store.

To find out more about how you can profit from stocking the Hill's Balsam range of cough remedies, call Windsor Healthcare on 0344 741336.



Stock  
Hill's Balsam  
cough remedies  
to recommend

# Seasonal sneezes

*This Winter's outbreak of flu took everyone by surprise, arriving as it did before Christmas, but you'd be wrong if you thought you had seen the last of seasonal sneezes for this year. Jane Feely takes a look at how best to fight colds and flu*

Before Christmas, you couldn't open a newspaper without reading about the flu "epidemic" and the usual scare stories about shortages of flu vaccines.

As usual, pharmacy was in the front line, with irate customers brandishing scripts and demanding to know why vaccine supplies were more rare than the proverbial snowball in hell.

Every year has its flu scares, but we're right not to be complacent. In the past, epidemics have claimed thousands of lives, the worst in 1918-19 when 20 million people died worldwide.

What experts cannot predict is if the next wave of killer flu will strike next year or in 20 years' time. So how does this virus keep us guessing about its next move?

## Always changing

Flu is caused by a virus of which there are three strains — A, B and C. The A strain causes the most severe symptoms and C the least. The reason why flu keeps scientists on their toes is its ability to change its appearance periodically.

On the surface of the virus are two proteins called haemagglutinin (H) and neuraminidase (N). If we catch flu, our bodies produce antibodies which recognise both proteins. However, any change in these proteins fools the immune system and our antibodies become useless.

If the change is a major one, fewer people will be immune to the new-look virus and so more are likely to fall ill — an epidemic.

## Typical symptoms

An attack of flu usually lasts about seven to ten days but sometimes complications will delay recovery. Typical symptoms are a high temperature with chills, aching muscles, cough and sore throat. The sufferer literally feels "wiped out", unable to do anything but take to their bed.

This pattern of symptoms is different to that seen with the common cold. Although customers often describe a bad cold as "a touch of flu",

these are in fact very different illnesses.

A cold usually starts with a general feeling of being unwell with perhaps a slight temperature, headache or sore throat. The membranes lining the nose then become swollen, leading to that "stuffed up" feeling. The characteristic sneezing and a runny nose soon follow. After a couple of days, the nasal secretions dry up and

epidemic of 1989, only about one-third of those most at risk were actually vaccinated. Poor education, worries about side-effects and a lack of motivation were all probably to blame.

Flu vaccinations are recommended for anyone over 65 or those with a chronic heart, kidney or lung condition or low resistance to disease, either due to AIDS or to immuno-



Picture courtesy of Warner Lambert Healthcare

the stuffiness subsides. However, a sore throat or irritating cough may persist for some weeks.

## The best defence

There are no miracle cures for colds or flu but, at least for the latter, a vaccine is available.

Unfortunately, not everyone who needs the vaccine gets it. It was estimated that during the

suppressing drugs.

It is often said that if you treat a cold it will last seven days, but if you don't it will last a week and feel like a fortnight. OTC medicines won't cure your cold or flu but they can make life a little more bearable.

• A simple analgesic will help with aches and pains. Aspirin and ibuprofen will help bring down a fever while paracetamol is

## The lifespan of a flu vaccine

Each year, flu vaccines are changed so that they protect against the most current strains of virus. This is a race against time for all involved.

The World Health Organisation monitors flu worldwide, and by February or March has selected the three strains for that Winter's vaccine. Samples are then sent to manufacturers who start to make their products.

In May, the first trials with the new vaccines begin and by July the companies apply for a product licence which should, if all is in order, be granted in six to eight weeks.

By now it is September, and the companies have only a few weeks to produce the millions of doses needed for the flu season. Is it any wonder that shortages occur?

best for children under 12.

- For blocked noses, a decongestant or inhalation can be recommended (see p30 for more details).
- There are a number of lozenges, pastilles or sprays available for sore throats. For more severe symptoms, opt for a product combining antibacterial ingredients with a local anaesthetic.
- Hot lemon/blackcurrant drinks often make colds and flu a little more bearable. Many contain vitamin C and doses of paracetamol.
- Chesty coughs are best treated with an expectorant, while a dry, tickly cough needs a suppressant.

And remember, there is no call for heroics. Advise customers to stay at home until their symptoms have passed. And the same goes for pharmacy staff. Nobody appreciates the person who soldiers on with a bad cold and only succeeds in passing it on to their colleagues.

Keep thinking that Spring is just around the corner and then Winter sneezes and snuffles should be a distant memory ... at least until the Autumn arrives!

## It came from the East

This year's strain of flu is called Beijing flu. In the past we've had Asian flu, Hong Kong flu and Red flu, to name but a few. These strains get their names from the places where they were first identified.

The Far East seems to be the area where new strains of flu most commonly arise. One theory says this is because in rural areas in these countries, farmers live in very close contact with their animals. Many animals suffer from their own strains of flu and, although man cannot catch pig flu and vice versa, scientists believe the different viruses can interact in some way, resulting in mutant viruses to which man has no resistance.

# The free\* 'Medicine Che

To you

## Play 'Treasure Chest' and win

£1000 worth of holiday vouchers must be won playing Actifed's 'Treasure Chest', also thousands of smaller instant prizes. Simply see your Wellcome Representative for the special 'Treasure Chest' scratch and win cards - answer the straightforward questions and you could be on your way to a holiday of a lifetime. Good Luck!

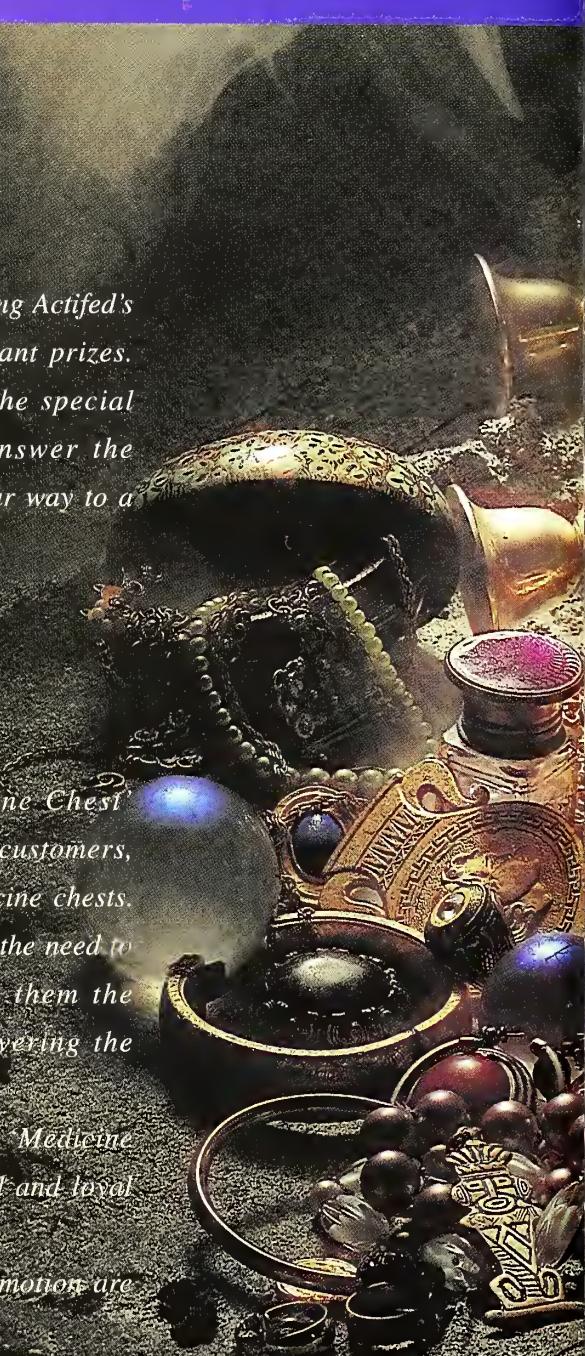
To your Pharmacy

## Free 'Medicine Chest' promotion

On October 8th, the massive Actifed 'Medicine Chest' promotion began - we are giving away, to your customers, thousands of high quality specially designed medicine chests. The free offer is available to any customer, without the need to make a purchase. All you have to do is pass them the promotional leaflet and we'll do the rest, delivering the 'Medicine Chest' direct to their home.

We are confident that with your support the free 'Medicine Chest' promotion will create hundreds of satisfied and loyal customers for your Pharmacy.

The leaflets and POS material supporting the promotion are available from your Wellcome Representative.



# Actifed

**Strong effective relief from troublesome coughs**

\*PLUS POSTAGE

Actifed is a trademark

# Act Now

# that's worth a fortune



Wellcome

# Actified

*That stuffy, blocked-up feeling is guaranteed to make anyone feel miserable, especially at this time of year. Trudy Thomas, part-time training officer for the NPA and community pharmacy locum, takes a closer look at products which help relieve the misery*

# All blocked up

It probably seems that every other customer is suffering from a cold or flu at this time of year. Unfortunately, one of their most common symptoms will be a blocked nose.

Many OTC cough and cold remedies contain ingredients to help relieve this nasal congestion, but they are not safe for all customers, so take care. Make sure you ask all the right questions and also involve your pharmacist if you are unsure in any way.

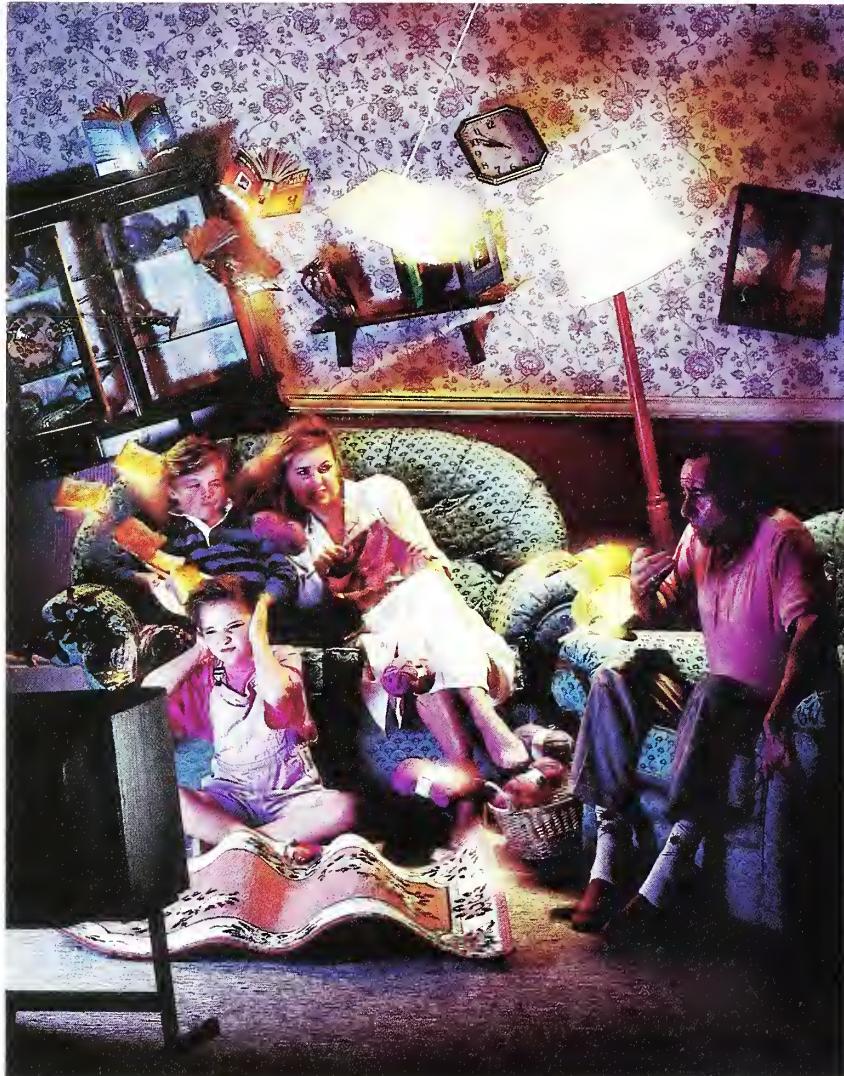
The common cold can attack many parts of the body but the nose really comes in for a hard time. The virus causes the delicate nasal lining to swell and so interferes with the way we breathe and with the flow of the nasal fluids, which help keep the nose working normally.

Nasal congestion can also be a symptom of an allergy. In the Summer, your hayfever sufferers may often complain of blocked, stuffy noses.

Some customers have a long term problem with nasal congestion. Because the fluid in their nose is not draining away normally, they get a secondary infection called sinusitis. This inflammation of the sinuses causes congestion and head pain and will often bring sufferers to the pharmacy for help and advice. You will need to refer such customers to the pharmacist.

## Ask about symptoms

It is always important to ask the customer what their symptoms are. They may describe nasal congestion as "a bunged-up nose", "feeling stuffy", or being unable to breathe through their nose. They may complain of pain in the area around their eyes or the bridge of their nose.



You may be able to hear from their voice that they have nasal congestion. They may have difficulty hearing because the blockage affects the passages that connect the ears and nose.

Often a cold will start with a runny nose which becomes blocked after a day or so. Anyone who describes symptoms that are very different from these should be referred to the pharmacist.

## What treatment

Nasal congestion can be treated in a number of ways and the main ones are outlined below:

- **Decongestants**  
These are used to unblock the nose and can be given either by mouth (oral decongestants) i.e. as tablets, capsules, etc or as sprays or drops (topical decongestants) which are applied directly to the nose.

Decongestants work on the lining of the nose to reduce swelling and so improve the removal of fluid and help

**Continued on p32 ▶**

## Who to refer

You should alert your pharmacist if the customer with a blocked nose is:

- a child
- a pregnant woman
- anyone who is regularly buying topical or nasal decongestants
- someone whose symptoms keep returning or have been a problem for a long time
- anyone with a nasal discharge which is yellow, green or blood stained
- a customer in severe pain
- anyone taking any other medicines

It is usual to refer customers to the pharmacist if they are taking other medicines, either from the doctor or that they have bought themselves. This is especially important in the case of decongestants.

Oral decongestants can have effects on the heart and may increase blood pressure. This is nothing to worry about unless the person taking them has high blood pressure or heart problems or suffers from thyroid problems.

Decongestants can also interfere with blood sugar levels and so should not be taken by diabetics. Most of these customers will be able to use topical products, but check with the pharmacist first.

One group of customers who must not use oral or topical decongestants are those who take medicines for depression called monoamine oxidase inhibitors (MAOIs). The combination of these tablets and a decongestant could make the person very ill or even kill them. If you are in any doubt at all, speak to your pharmacist.

# The cold remedy market can be dog eat dog.

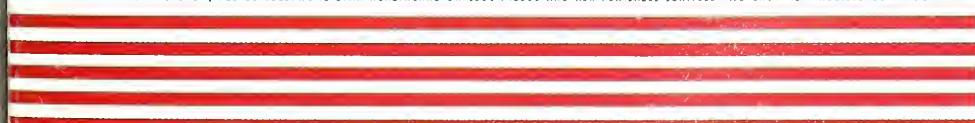


(Guess who's got a big bite.)

the £20 million oral decongestant market, Mu-Cron looking pretty fierce. Last winter, sales increased 31%. It's not surprising. In just one tablet, Mu-Cron let off the leash. It helps clear catarrh and blocks nasal congestion fast, while paracetamol eases the pain. Which means there's no danger

of congestion on your shelves either. Thanks to continued TV advertising support, sales of Mu-Cron are positively bounding along. And another winter TV spend of £750,000 should have the competition's hackles rising. So make sure you're part of our sales success in 1994. They can't muzzle Mu-Cron.

FOR FURTHER INFORMATION ON MU-CRON, PLEASE TELEPHONE ZYMA HEALTHCARE ON 0306 742800 AND ASK FOR SALES SERVICES. 'MU-CRON' IS A REGISTERED TRADEMARK



ZYMA HEALTHCARE IS PART OF THE CIBA GROUP

1911610

ICATION: Each tablet contains 500mg Paracetamol BP and 25mg Phenylpropanolamine Hydrochloride BP. Uses: For the relief of sinus pain, nasal congestion and catarrh. For the symptomatic relief of influenza, feverishness and feverish colds. Dosage and Administration: and children over 12 years: One tablet up to four times daily, allowing four hours between doses. The maximum daily dose is four tablets. Contra-indications, Warnings, etc Contra-indications: Severe heart disease, hyperthyroidism, diabetes, high fever. Patients with hypertension or receiving anti-hypertensive medication. Use during, or within 2 weeks of stopping, therapy with Monoamine Oxidase Inhibitors. Concomitant treatment with sympathomimetic agents. Precautions: Caution in patients with angle closure glaucoma, prostate disease, during pregnancy or those receiving continual prescribed medication. Legal Category: P. Product Licence No: 0001/0110. Distributed by Zyma Healthcare, Holmwood RHS 4NU. Retail Price: 12's £2.02, 30's £3.39. Date of Preparation: December 1993.

## Common decongestants found in pharmacy products

Oral decongestants include:

- Pseudoephedrine (e.g. Actifed, Bronalin)
- Phenylephrine (e.g. Coldrex, Dristan tablets)
- Phenylpropanolamine (e.g. Sinutab, Contac 400, Day Nurse, Mucron)

Topical decongestants include:

- Ephedrine (e.g. Ephedrine nasal spray)
- Oxymetazoline (e.g. Vicks Sinex, Sudafed spray)
- Xylometazoline (e.g. Otrivine drops and spray, Resiston One)

Sometimes these products may be found in general cough and cold remedies as well as in specific sinus products. Why not take a look at some of the products on your pharmacy's shelves and see if you can pick out those containing decongestants.

### Continued from p30

make breathing easier.

Oral decongestants may be found in medicines on their own or in combination with other ingredients such as antihistamines or cough remedies. Some products marketed especially for nasal congestion and sinusitis will also include a painkiller, commonly paracetamol, to help with the pain around the nose and eyes that often accompanies this condition.

It is important when selling these products to point out to the customer that they do contain a painkilling ingredient, so that they do not take other painkillers at the same time.

The maximum daily dose for adults of paracetamol, for example, is eight 500mg tablets in 24 hours. If the person takes two or three different products containing paracetamol at the same time, without realising it, this maximum level could be exceeded.

### On the rebound

Topical decongestants can be quite useful, but one very important point is that they must not be used for long periods of time — five to seven days is the maximum.

If a customer does use them continually they may damage the inside of their nose and they may find themselves in a vicious circle of rebound congestion. In these cases, they will find that use of the product may even make symptoms worse,

resulting in even more use of the product and so on.

If you know of any customer who is buying topical decongestants on a regular basis, you should alert your pharmacist who will want to have a word with them about their symptoms and treatment.

To counsel your customers correctly, you will also need to explain how to use nasal sprays etc. If you are unsure yourself, ask your pharmacist to explain to you.

long-lasting relief.

You should always run through the instructions for using inhalations with customers, making sure in particular that they know to use water that is hot but not boiling. Children should not be allowed to use inhalations unsupervised because of the danger of scalding and customers should also be advised to keep bottle tops tightly closed or some of the oils will evaporate.

Inhalations should not be

applied directly to the skin of young children as the area could become sore.

## Vital knowledge

Nasal congestion is a frequent and often unpleasant symptom of Winter colds and flu.

Decongestants come in a number of forms and are a common ingredient of cough and cold remedies. It is important to question customers carefully about their exact symptoms and especially about any other medicines they may be taking, before selling any product containing a decongestant. Also you must know when to refer to the pharmacist.

Get to know the products you sell and then the cold season will pass more easily for you and your customers.

## Common inhalations

The following are common examples of inhalations which you will find on the shelves of most pharmacies:

- Menthol and eucalyptus
- Menthol crystals
- Friar's balsam
- Olbas oil
- Karvol
- Vicks Vaporub
- Tixylix decongestant inhalant
- Vapex
- Wright's Fluid Vaporizer
- Penetrol

Some are liquids, others capsules or rubs but all are designed to help relieve stuffy, blocked noses and sinuses.

Picture courtesy of Crookes Healthcare's Strepsils



**Inhalations** are the second group of products which can bring relief to someone suffering from a blocked nose. They are usually mixes of strong smelling oils which the sufferer breathes in and which give a cool, clear feeling in a stuffy head.

The most simple kind of inhalation involves dissolving menthol crystals in hot, but not boiling water, and breathing in the steam. This simple remedy is an effective way to clear nasal passages.

Proprietary medicines are often variations on this theme although other natural ingredients such as eucalyptus and camphor are commonly used as well. While some are designed to be used in water, others can be put onto a handkerchief or pillow which is a more convenient way of giving



Sparkling wine and pheasant paté were just a few of the luxury items served up to the 50 winners of the recent Zyma Healthcare "Food for Thought" competition, part of the company's ongoing training initiative for pharmacy assistants. Pictured is one of the winners, Janice Crampton of Wilks Chemist in Stourbridge, West Midlands. She received her hamper from Mark Mellars, Zyma's territory manager, and Kevin Hodges, regional manager.

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mountains and wearing  
wild flowers in her hair.  
"When I got married,  
Every time I went out I put  
wild flowers in my hair,  
which is what Andrew  
liked."

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**Lanes** LEADERS IN NATURAL HEALTHCARE

# Hold back the years

*British women tend to spend less time on skincare as they get older, when they should be paying it more attention. Ageing is inevitable, but there's no reason why your 50-something customer should not have soft, healthy-looking skin. Sarah Purcell advises on skincare for women who do not want to look their age*

Your 30-something customer may think she has got her skin type sussed. She has been taught by skincare manufacturers to classify her skin as dry, oily, combination or sensitive.

But perhaps what she did not realise is that no-one's skin remains true to one type throughout their lives. Not only does skin change as it ages, but its condition adapts to different environments. In cold, dry weather it tends to dry out, while in warm, humid climates it will be more oily.

So it should come as no surprise when your 50-year-old customer complains that the moisturiser she has used since her 20s no longer seems to work.

A moisturiser is the most important product for older customers. As their skin gets drier, so the moisturiser needs to be more effective. This need not mean using a greasy, heavy product, but a richer, more nourishing one. Suggest a moisturising cream instead of a lotion for use during the day and a richer night cream.

Ingredients to look for include vitamin E, glycerine, aloe vera, panthenol, vegetable and plant oil extracts and sunscreens. Get



your customer to test the product on her skin before buying, if possible, since texture is also important.

## Routine update

If a skincare routine is no longer working, chances are the skin type has changed and the approach needs adapting. The following are suggestions for the older customer who complains of dry, dull-looking skin.

• **Moisturiser** should be applied morning and

evening after cleansing, and throughout the day if skin feels dry. Massage gently all over the face and neck.

• **Toner** is not a necessity for mature skins but, if your customer likes using it, suggest it is applied to oily areas only. Advise a toner that is alcohol-free. It should be applied with cotton wool after cleansing.

• **Exfoliation** is important for older skins, since the dead cells tend to cling to the surface for longer, leaving it

looking dull and flaky. Gently rubbing off dead cells with an exfoliant will leave skin smoother and softer.

Facial scrubs contain tiny granules to polish away dead skin. Advise one that contains very small, synthetic particles which will not scratch and irritate skin.

Exfoliants should be used once or twice a week on cleansed skin, gently massaging the product in using circular motions, then removing thoroughly

## A natural process

Young skin is characteristically plump, firm and smooth looking, with oiliness often a problem. Mature skin swaps oiliness and spots for a different, equally frustrating, set of problems. The main problem is lack of moisture, resulting in dry, flaky skin, lines and wrinkles.

Between the ages of 35 and 80, the rate of cell division and replacement falls by 50 per cent. The dead skin cells remain on the surface for longer, giving a dull look to the skin. The oil glands produce less sebum, making the skin feel dry.

Collagen, a protein in the connective tissue, makes up about 70 per cent of the dermis layer of the skin. Collagen comes in soluble or insoluble forms. Younger skin contains much more soluble collagen, making it firm, but as we age the ratio changes and we end up with more insoluble collagen. This results in looser, sagging skin.

Elastin fibres are proteins which are woven between strands of collagen to give the skin strength and elasticity. As skin ages, elastin loses its elasticity, resulting in wrinkles.

with water or tissues.

• **Facial peeling masks** are a gentler alternative to scrubs, but achieve the same effect of softer, smoother skin. Applied as a light mask, it should be allowed to dry and then gently rubbed off. Use once or twice a week.

• **AHA creams** containing fruit acids (alpha hydroxy acid) are the current skincare buzzword. They work by speeding up the skin renewal process, causing the top layer of skin cells to flake off.

The first week or two of use can be discouraging, with skin becoming red and flaky. But a clearer, softer skin should emerge with regular use. AHA creams are relevant for more mature skins which tend to be dry and dull. They can be used continuously or for short periods when skin is out of condition.

• **Cleansing and moisturising masks** will also make a difference. Weekly or fortnightly use of a clay-based cleansing mask will unblock pores and stimulate circulation.

To boost hydration levels, try a moisturising cream mask. This should be left on for 10-15 minutes, then any remaining product rubbed in. The best time to apply a mask is while taking a bath, as the steam intensifies the product's action.

## Turn back the clock

Ageing is a fact of life, and it will catch up with us all in the end, despite what some manufacturers would have us believe. However, this does not mean that skincare is a waste of time. Looking after your skin can reap benefits, delaying the age clock a little.

Once you get into your 30s, the occasional slap of moisturiser when you remember is no longer enough. The signs of neglect become more obvious as you get older, with dry skin accentuating any wrinkles that have appeared.

Your skin has its own chronological age, which may or may not correspond to your actual age. It may look ten years older or younger than it actually is. The condition of your skin is determined first by the genes you inherit — if your mother had good skin, then

the chances are that you will be similarly blessed too.

The other important factor is sun exposure, which we now know is a damaging factor for skin. Compare a Mediterranean farmer's face with that of a nun's and the evidence is clear.

No-one is suggesting you should spend your life indoors, but there are steps you can take to prevent further sun damage to your skin.

"Sun damage to skin cannot be reversed, but skin will repair itself to a small extent and further damage can be prevented," said dermatologist Dr Antony Young at a recent seminar on sun exposure.

To prevent further damage, always wear a high factor sunscreen in the sun, and protect skin daily with a moisturiser containing UVA and UVB sunscreens.

The other main skin enemies are smoking and alcohol, both of which dehydrate skin and speed up the ageing process.

Your skin's best friends are exercise, a balanced diet and plenty of water. No amount of lotions and potions will make up for a lack of these.

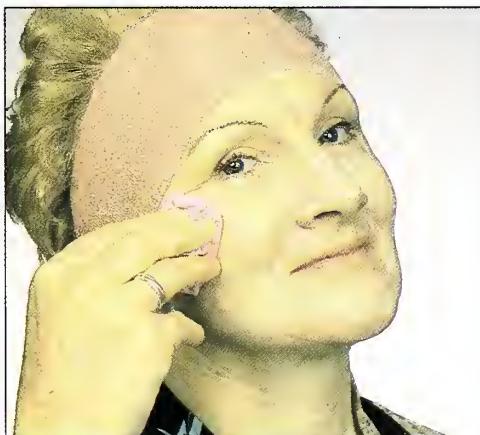
## Test of time

• **Your 30s** can be a demanding time of life, with many women juggling a career and family. The result is little time to spend on yourself and skincare often gets neglected.

The first signs of ageing appear in your 30s, usually with fine lines around the eyes. The oil glands produce less sebum and skin becomes drier. Now is the time to adapt your skincare routine.

• **In your 40s**, signs of ageing will be more apparent, with wrinkles, sagging and uneven skin tone. With the approach of the menopause, sebaceous glands shrink in size and skin becomes drier. Take steps to protect skin from further sun damage and use more moisturising products.

• **Once in your 50s**, the body's production of the hormone oestrogen declines and this has an adverse effect on the condition of the skin and hair. Recommend a richer moisturiser and use of a night cream. Exfoliation becomes more important as skin cell renewal slows.



Thorough cleansing is the key to improving skin condition for older customers



Moisturising with a good quality product is essential in caring for mature skin



Eye gels and creams can help reduce puffiness and fine lines around the eyes



Treat skin to a deep cleansing mask once a week to help unblock pores and improve circulation

# 50%

## OTC MARKET GROWTH BY THE YEAR 2000?

### COMPLETE MARKET TRENDS AND FORECASTS FOR OTC MEDICINES

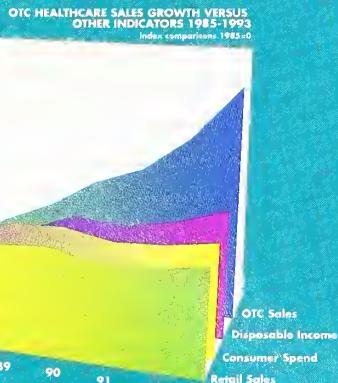
From the publishers of *Chemist & Druggist*, *Community Pharmacy* and *Pharmacy Today*, comes the definitive report on OTC Healthcare, a growth market for the 1990s. The report comes as Governments increasingly see self-medication as an idea whose time has come while international drugs companies make strategic alliances to market OTC products.

For many years the Benn pharmacy magazines have helped keep readers up to date with industry news, issues, product innovations and market developments. Now Benn is deploying its unrivalled industry knowledge, unique position,

industry contacts and databank of original research to produce an authoritative and comprehensive report on the OTC medicines market.

The total OTC medicines market in the UK

will be worth well over £1 billion in 1993. Key issues in this dynamic consumer market include: the impact of drugs coming off patent, industry strategies as the global giants compete for their shares of OTC, the increasingly competitive retailing environment, the growth in market share of natural products and the impact of POM to P switches. The Benn OTC Healthcare Report will be available in December price £375. The report is the essential marketing reference work for an industry facing the challenge of change.



### SPECIAL FEATURES

- POM to P products analysis
- Latest market trend data to mid-1993
- European OTC background
- OTC healthcare price index analysis
- Market forecasts to the year 2000
- Thirty Company Profiles

### SECTORS COVERED

OTC: Cough / cold / sore throat remedies, decongestants, hay fever remedies, analgesics, topical analgesics, indigestion remedies, stomach upset remedies, laxatives, anti-diarrhoeals, travel sickness remedies, medicated skincare, vitamins & - dietary supplements, eye care products, foot care, medicated oral hygiene, ear care, pregnancy tests

Other Products and special sections: sanpra, contraceptives, nappies, talent tissues, facial tissues, wipes, babycare, hosiery, POM to P products, herbal, homeopathic remedies, natural remedies, aromatherapy

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# Stop thief!

Fraud and theft are facts of life in retailing, whether its dodgy cheques, counterfeit bank notes or even staff on the fiddle. Training consultant Diane Bailey looks at what assistants can do to help reduce the problem



Fraud and theft are on the increase. In 1991, £165 million was lost by banks and building societies on "plastic" fraud — up by a third on 1990 figures.

Much of this is committed in shops where goods can be "bought" on stolen or fraudulent cards, or where stolen goods are "returned" for cash or a refund which is credited to the thief's credit card.

As there are now 59 million credit and debit cards in the UK, not counting charge cards, the problem is likely to grow.

Fraud happens through the misuse of cheques, credit cards, charge cards, counterfeit bank notes and coins. As the problem grows so the banks, building societies and credit and charge card companies are becoming tougher and "handing" the problem back to retailers rather than taking the loss themselves. It is therefore very important that everyone in your pharmacy is alert and does everything they can to help

*"Security investigations find out of every 100 customers, 30 are rapidly known, 30 are completely dishonest and 40 could be influenced in either direction."*

reduce the problem.

Only you will know whether fraud is a particular problem in your pharmacy. You and your colleagues can help prevent fraud by being on the look out and by always following precautions and procedures.

Simple steps include:

- a floor limit for credit and charge and debit card sales
- rewards from credit card companies for stolen or lost cards spotted by sales staff
- infra red note checkers which show up the water marks on banknotes
- procedures for accepting cheques and cards.

There is a huge increase in the theft of credit cards, ie Barclay, Visa, Access,

Mastercard, so it is very important that everybody takes precautions when dealing with a credit card sale. If the correct procedure has not been carried out then the cost of a fraud will be borne by the pharmacy but if it has, the card issuer will meet the loss. Important checks are that:

- your pharmacy takes the card presented by the customer
- the sale is within floor limit otherwise get authorisation
- the card has not expired and the signatures match on card and slip.

If there are any suspicions, excuse yourself and discreetly ring the credit card company, retaining the

card if possible.

Charge cards, ie Diners Club, American Express, should be treated like credit cards and have the correct procedures followed.

Counter cash is another growing area of fraud. Your pharmacy should have rules about checking £20 and £50 notes — make sure you know and follow these.

Although Switch and similar debit cards are increasing in use in retailing generally there are still many cheques offered for payment. It is important that they are checked carefully before handing over the goods.

## Cheque it out

You should always make sure that the cheque is part of a cheque book and not a "one off" or loose cheque.

You must see the customer sign the cheque in front of you and present their cheque card without any form of plastic case or cover. Check with your finger and thumb nail that the signature

**Continued on p38 ▶**

strip is OK and has not been tampered with.

When the cheque is completed make sure the date is correct, amounts in words and figures tally, the cheque has been signed, the cheque is correctly made out to your pharmacy, the amount is within that guaranteed by their card, and the signatures on the cheque and cheque card match.

### Stop that thief

Theft is a very unpleasant fact of retail life and it is growing all the time. A report in 1992 said that customer theft had become the greatest component of loss. This is in line with current reported crime figures but previously staff and internal theft was a bigger cause of loss than customer theft.

Generally the change of emphasis is due, not only to the growth in crime, but also to the fact that better retail systems of stock control and recording exist at all stages of the retail cycle although this may not necessarily be the situation in all pharmacies. Only you will know how good the systems are in your pharmacy.

Although no reliable figures exist for theft from pharmacies there is an indication that loss from theft varies from 0.8 per cent to 4.5 per cent of sales.

So who steals? The answer is anyone could. A number of people do, both staff and customers. This theft can be either casual theft by individuals and small groups or planned and organised crime, often large scale and often used to fund the drug trade.

### Who could it be?

Almost anyone could be a thief — old or young, men or women, people you know, strangers or even regular customers. One area of theft which is growing is that committed by the youths between 12-17 years of age, often to fund a drug habit.

Many factors will affect the level of theft from your pharmacy, such as the type of products sold, crime rate in the neighbourhood, the layout of your pharmacy and positioning of stock, your security system, and working patterns and habits in the pharmacy.

As almost anyone could be a thief it is almost impossible to predict who will steal. There are however certain pointers which can be of help including:

### Fraudulent prescriptions

One area of fraud for which you should always be on the look out for is forged prescriptions. There are five ways to help you detect these:

- know the prescriber
- know the prescriber's signature
- know the patient
- follow good professional practice and dispensing procedures
- if in doubt, alert your pharmacist who will call the GP for verification

Ask yourself if the prescription looks too good — perhaps the prescriber's handwriting is too legible — are the quantities, directions and dosages different from normal, are abbreviations unusual, has the form been photocopied, are there obvious alterations to the text, have different inks or handwriting been used?

- wearing unseasonal clothes — eg heavy coats on a warm day
- men with shopping bags
- couples or groups with matching bags
- people whose hands are on the merchandise but whose eyes are not
- someone glancing around furtively around the shop
- diversions
- groups which split up on entry
- "gangs" of young people
- people who loiter near certain items or who return several times to the same item.

Evidently theft can occur at any time but certain patterns are recognisable. Many thefts occur in the early morning or late evening, at busy periods when everyone is occupied, or during slack periods when there are fewer or less alert staff. Lunch periods or weekends are also common times.

Theft is a year-round problem, but research shows it is more likely during October and November, and during July and August.

### Preventing theft

Security experts state that of every 100 customers, 30 are totally honest, 30 are completely dishonest and 40 could be influenced in either direction.

Even if these figures are not completely accurate they do indicate the scale of the problem. It is unlikely that you will eradicate customer theft completely. Prevention tactics need to be designed to deter or discourage the opportunistic thief and make it more difficult for the determined thief.

There is no magic answer to preventing theft but the following suggestions should help you and your pharmacy minimise customer theft:

#### ● Attention

Thieves fear attention or what they call the staff "hassle" factor.

Acknowledge everyone who comes into the pharmacy. This will let potential thieves know that you are aware of their presence and decrease their opportunity to steal. Honest customers will also appreciate this clear desire to serve them.

### When the staff are at fault

Staff fraud is not a pleasant subject and I know very well that the vast majority of people working in community pharmacies are very honest and honourable but there is an element of fraud committed by staff.

This can vary from credit card fraud committed by "new" staff who don't stay long, to such practices as giving "two for one" to friends and family, using cash register tickets left behind by customers either for their own purchases, or those of family and friends or collusion with suppliers.

If the 99.9 per cent of you who are honest stay alert and query or report anything suspicious you can probably reduce staff fraud significantly.

Staff theft is also a problem and can take many forms such as theft of stock from storerooms, theft of cash, malpractice at the tills etc.

A Home Office report on staff theft broke those apprehended for theft, down as follows:

- managers: 8 per cent
- supervisors: 11 per cent
- sales staff: 55 per cent
- non-sales staff: 26 per cent

Many retail staff who steal from their employers are otherwise honest citizens. Staff have opportunities to steal every day whereas a customer cannot steal daily or even regularly from the same pharmacy without arousing suspicions. Some American research showed that in one drug chain 63 out of 87 employees checked had stolen merchandise in their possession.

#### ● Observation

Be observant. Watch each customer to be sure they are finding the merchandise they wish to purchase. Be aware of shoppers' dress and habits. Observe overcoats, raincoats, and unfilled shopping bags closely.

#### ● Display

Display expensive items in more protected areas, ie in cases or near cash tills. Arrange displays of small items, eg cosmetics, in definite patterns to help see when they are missing.

Keep shelves, tables, and fixtures well stocked. It is easier to recognise theft from a full fixture than from a partially filled one, and

avoid high fixtures and tall displays which give visual protection to the thief.

#### ● Staffing

Never leave the sales floor unattended, and be extra vigilant during times of the day when customer traffic is unusually heavy.

#### ● Merchandise

Know your merchandise. Know where everything is located and the price of items to avoid ticket switching. Frequently take stock of merchandise that is easily accessible to determine how much is being sold and how much is being stolen.

#### ● Premises

Keep at least a section of your front windows clear of display. Window displays and signs do attract people but they also hide thieves from passing traffic and customers. Make sure lighting is adequate in all

areas of the shop.

Theft or fraud are on the increase nationally and internationally. It makes sense, therefore, to presume that it is on the increase locally as well, and that means in your shop, now!

You don't have to go as far as following each customer around the shop watching their every move like a hawk. The challenge you have is to make shopping in your pharmacy a pleasant experience while ensuring that your shop's profits are safeguarded as far as possible.

(Diane Bailey runs Diane Bailey Associates, a training design consultancy.)

# Now the only irritation in my bath is me!



## infoDERM

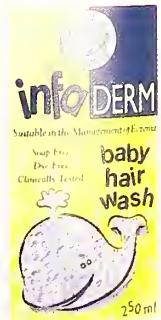
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# Thrush — how to beat it in the pharmacy

More thrush sufferers seeking help from the pharmacy, but only a third consult the pharmacy assistant. A new survey highlights the need for pharmacy assistants to increase awareness of their role as a major source of advice on women's health

The numbers of women who prefer to purchase OTC treatments for vaginal thrush have risen more than seven-fold since Canesten has been available over the counter.

Prior to the launch of Canesten, intravaginal pessary and Canesten 10% VC, just 3 per cent of thrush sufferers said that they would consult their pharmacist for advice. However, the results of the new survey reveal that the numbers of thrush sufferers who singled out pharmacists and pharmacy assistants as the health professional they would be most likely to consult about thrush have increased to 23 per cent — an increase of more than 700 per cent.

## A quarter purchase OTC treatment

However, although more thrush sufferers now prefer the convenience of obtaining a suitable thrush treatment through the pharmacy, women are nearly three times more likely to consult the pharmacist than they are to ask advice from the pharmacy assistant. Indeed, the new survey showed that, whereas nearly a fifth of the women questioned (17 per cent) singled out the pharmacist as a key source of advice, fewer than one in

### Most common vaginal infection

Thrush is a common vaginal infection in women of child-bearing age. Some 45 per cent of women aged 16-60 have suffered an attack at some time in their lives, and each year approximately four million women will have at least one bout of thrush, resulting in an overall total of more than 10 million episodes of thrush each year.

Although, for many women, thrush is merely an inconvenience to be treated quickly, other women will find it embarrassing to admit to having thrush because of guilt, shame or even the fear of a more sinister sexually transmitted disease. This embarrassment is likely to be more marked in the pharmacy, as there are fewer opportunities for private discussions.

### Dispelling myths

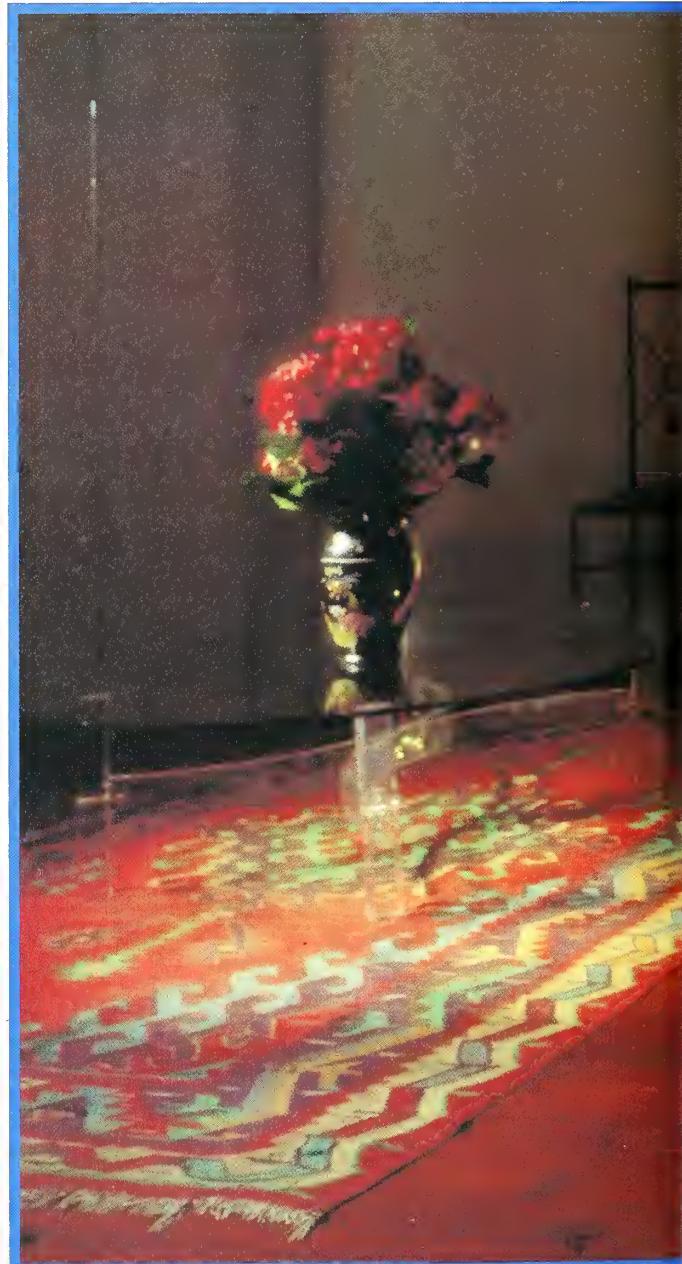
However, pharmacy assistants can help to dispel a number of myths that abound about thrush — such as that only promiscuous women are affected — by openly displaying thrush treatments in the windows or at the point of sale, and by having leaflets prominently displayed in an easy to reach position.

Visibly displaying

that the woman is likely to find discussing thrush embarrassing. Indeed, rather than ask advice, a number of women are wrongly purchasing external creams designed to treat vulvitis rather than the internal, intravaginal creams that should be used to treat thrush.

Asking women purchasing external creams a few sympathetic and tactful

questions will ensure that these women are receiving the right treatment for their problem. If a female customer is having particular difficulty asking for advice, giving them a patient leaflet which explains the causes and most effective way of treating thrush often helps to encourage conversation. If possible, providing facilities for the customer to



16 (6 per cent) specifically mentioned the pharmacy assistant.

The fact that only a small proportion of thrush sufferers would seek help from the pharmacy assistant is surprising and highlights the need for the pharmacy assistant to increase awareness among their customers of their role as health advisers.

information about thrush helps to portray this condition as a perfectly normal and valid medical problem, and also reassures sufferers that having it is in no way shameful.

### Overcoming embarrassment

When consulted by a thrush sufferer, the pharmacy assistant should be aware

# 1994 PHARMACY ASSISTANT AWARDS

confidentially discuss her problem, perhaps with a male pharmacy assistant, will also help to overcome any embarrassment.

## commonly asked questions

### What is vaginal thrush?

Vaginal thrush is an

infection, called *vaginal candidiasis*, and it is extremely common in women of child-bearing age.

### What causes thrush?

It is commonly caused by *Candida albicans*, a yeast-like fungus. *Candida albicans* is a common organism which can occur naturally in the vagina. It is completely harmless as long as the vaginal acid, responsible for killing fungi and other bacteria, is in balance. Anything that causes a shift in the acid balance in the vagina encourages the overgrowth of *Candida* and may lead to thrush. Menstruation, hormonal changes during pregnancy, oral contraceptives, antibiotics, tampons or uterine devices, using perfumed bubble baths and soaps or wearing tights or nylon underwear can all trigger an attack of thrush.

### What are the symptoms of thrush?

Typical symptoms of thrush include mild to severe itching, soreness and sometimes swelling of the vagina and vulva, accompanied by a thickish white (or sometimes cream-coloured) non-smelling discharge.

While pain is rare, sufferers may experience a burning sensation on the outside of the vagina, a condition that may make sexual intercourse uncomfortable. These symptoms may also affect the surrounding area.

### What treatment do I need?

The most popular treatment for thrush is in the form of pessaries, vaginal tablets or creams. The length of treatment can vary from one to 14 days. One of the most popular over-the-counter treatments is Canesten 1, an effective, single-dose,

over-night pessary/vaginal tablet.

### How soon will the treatment work?

This treatment starts to work overnight and within three days all the symptoms will usually have cleared.

### How do I use the treatment?

The pessary should be inserted high into the vagina, by means of the applicator, as this is the site of infection. Using external creams such as Canesten 1%, intended for fungal infections such as athlete's foot, will not treat the underlying infection but will offer temporary relief from itching.

### Do home remedies work?

A small minority of women use home remedies such as yoghurt or vinegar. However, although yoghurt may offer temporary relief from itching and soreness of thrush, there is no medical evidence to show that it treats the underlying cause. Vinegar and antiseptics, even if diluted in baths, are of no benefit, and can in fact cause further irritation. The best treatment for thrush is a proper medical preparation that not only relieves the symptoms but also treats the cause of the thrush, preventing further attacks occurring.

### Do I need to see my doctor?

Women who are pregnant, have diabetes, are first-time sufferers, have suffered more than two attacks in six months, have pain in the lower abdomen or when passing water, have any abnormal vaginal bleeding or have ever had a reaction to treatment for thrush are advised to go to their GP.

Bayer plc are one of the sponsors of the 1994 Pharmacy Assistant Awards programme developed by de Brus Marketing Services Ltd, and supported by Chemist & Druggist.

The selling skills modules in the programme are fully endorsed by the National Pharmaceutical Association, as part of their overall commitment to training for community pharmacy.



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**Blaming an allergy has become a common excuse for an assortment of ills. But since allergies affect up to 15 per cent of people, they have a reasonable chance of being right! There is growing evidence that the house dust mite is a particular cause for concern, as C&D's Patrick Grice explains**

We spend on average 90 per cent of our time indoors, either at home or at work. And while we are all aware of things outdoors which can trigger allergies such as pollen or car exhaust fumes, no one really thinks about the problem indoors.

One source of concern is the house dust mite or, to be more precise, the mite's faecal pellets. These pellets

nose, itchy or watering eyes, "popping ears" and even an impaired sense of smell.

Allergens may also cause itchy skin or trigger an asthma attack in at-risk individuals. As with all allergic reactions, once a person has been sensitised, then re-exposure to the

symptoms. A family history of allergies may also provide strong clues.

There are two main ways to deal with allergic rhinitis:

- drugs to ease symptoms
- reduce a sufferer's contact with the allergen as much as possible. For house dust mite this means eliminating the

warned about drowsiness. The newer generation of antihistamines do not cause drowsiness to the same extent and are effective for up to 12 hours.

• **Topical decongestants** are useful if a blocked nose is troublesome, but prolonged use should be avoided as

Picture courtesy of W. L. Gore & Associates



**A tranquil picture of a child sleeping peacefully. But in this bedding there are likely to be as many as two million house dust mites. Even poor old teddy is infected!**

# A mite too many!

break up to form small fragments which are easily carried in the air.

A digestive enzyme in the mite's faeces has been identified as an allergen — a substance which produces an allergic response. It can cause allergic rhinitis — sneezing, blocked or runny

allergen causes their symptoms to return.

Allergic rhinitis is most common in the 18-25 age group. While identifying the complaint may be relatively easy, identifying the cause might be more difficult. There may be seasonal or day/night variations in

mites and their faeces.

There are a number of OTC treatments for rhinitis:

- **Antihistamines** are the most common medication. They act rapidly within 15-30 minutes to reduce sneezing and stop the nose running. Patients who use older products should be

they tend to become progressively less effective and rebound congestion (a rapid return of the original symptoms) may occur after treatment is discontinued.

• **Sodium cromoglycate** is effective as a preventive measure before the onset of symptoms. It comes as a nasal spray but there may be variation in its effectiveness from patient to patient.

## Eliminating mites

Getting rid of house dust mites, which may be the root cause of sniffles around the home, is not easy and will require persistence to produce tangible results.

Modern houses have yards of fitted carpets, swathes of curtains and heaps of bedding. These provide an ideal home for house dust mites. Add in central heating and a relatively high indoor temperature and humidity, and you have ideal breeding conditions as well.

Rolling up the carpets and

### What's on the market to deal with mites

There are a number of products available to help eliminate house dust mites including:

- **Actomite** (Searle tel: 0494 521124) is a spray which claims to kill up to 90 per cent of house dust mites, larvae and eggs. Each room should be treated in three steps:
  - a) remove and wash all bedding, vacuum pillows, mattress, curtains and carpet
  - b) in a well-ventilated room, spray pillows, mattress, curtains and carpet with Actomite
  - c) allow the room to air for two to three hours. Vacuum bedding, carpets and curtains thoroughly once again.
- **Allerite** (Vax Appliances tel: 0905 795959) is a fabric cleaner which provides safe and effective means of controlling dust mites in carpets, soft furnishings and mattresses. Used regularly with a Vax or other three-in-one cleaner, it is claimed to reduce allergen levels by up to 95 per cent.
- **Acarex dust mite test and Acarosan foam and powder** (Crawford Pharmaceuticals tel: 0908 262346). The Acarex test allows your customers to determine the house dust mite content of their household fabrics. Dust samples from each room are mixed with a sachet of fluid and a test strip is dipped in the mixture. It will turn pink to deep red depending on the level of infestation. Comparison with a colour scale shows the mite allergen content. Each box contains ten tests. Acarosan moist powder is recommended for rugs and carpets while the foam is more suitable for mattresses, upholstery and small textiles. Both products should only be used on colour-fast materials.
- **Intervent** is an allergen exclusion bedding system (W.L. Gore tel: 0483 756615). Either incorporated into new beds and bedding items or as interliners to fit over existing pillows and duvets, the material provides a breathable barrier which dust mites cannot penetrate. Damp dusting when the sheets are being changed will help to keep surfaces of the material virtually allergen-free.

turning off the heating is a  
of an extreme solution for  
most people. Instead,  
methods of dealing with the  
problem revolve around  
something to kill off  
the mites, combined with  
extensive vacuuming and  
cleaning to remove dust,  
mites and their faeces.  
It can also be difficult to  
assess the success of these  
measures, so it might be  
worth telling customers to  
keep a diary of symptoms to  
see whether cleaning helps.

### There to start

Many allergic reactions are  
triggered, quite literally, by  
something getting up your  
nose. In a domestic setting,  
this means dust and faecal  
particles, so the first move is  
to keep dust levels down.  
Regular vacuuming with a  
powerful cleaner fitted with  
filter will ensure dust is  
removed from carpets and  
holstery, rather than just  
being redistributed.  
Regular dusting with a  
damp cloth also prevents  
dust being recirculated, and  
regular washing of chair  
covers and curtains helps  
minimize dust pockets.  
Ordinary vacuuming only  
removes about 14 per cent of

three-in-one cleaner using  
specialist solutions can  
remove over 70 per cent.

Mattresses and bedding  
are critical items in  
controlling any mite-induced  
allergies, since people spend  
around a third of their time  
in bed. Regular washing of  
bedclothes, vacuuming of  
mattresses and daily airing  
of the bed are key steps.

It is probably a good idea  
to replace feather pillows  
and woollen blankets with  
artificial fibres which will  
survive regular washing.

Another good idea in the  
bedroom is to use covers  
made of a special material  
which prevents house dust  
mites "escaping" from the  
mattress.

Other areas that are  
potential dust mite traps are  
soft furnishings and curtains.  
It might be advisable to  
remove soft furnishings from a  
bedroom. Heavy fabrics  
should be avoided for  
curtains: cotton or lighter  
fabrics which are more  
easily washed are preferred.

And don't forget to remind  
customers about soft toys.  
Children often bury their  
face in their favourite teddy  
— not a good idea if it  
harbours a potential

# comfort

the dirt in a carpet, and so  
does not adequately deal  
with mites. Regular washing  
and vacuuming with a

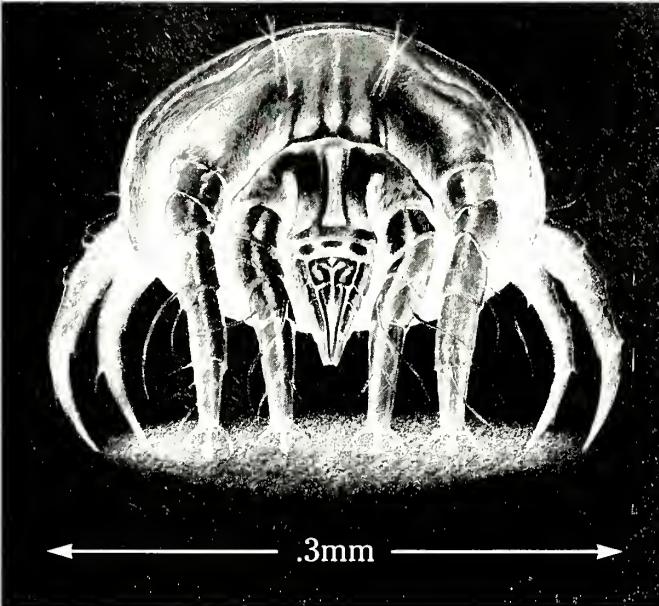
allergen. In severe cases,  
recommend that parents find  
toys that are either plastic or  
washable.



You could actually see this monster strutting across the carpet towards your chair, you would probably run a mile. But while it might give you nightmares, it is too small to see with the naked eye. The house dust mite is approximately 0.3mm long — about the size of one of the full stops on this page — and is a microscopic relative of the spider. The mites feed on human skin scales that have been broken down by moulds, and they excrete around 20 faecal pellets a day which build up in mattresses and carpets. It is these droppings which cause allergic reactions in susceptible people.

OVER THE COUNTER 22 January 1994

## Too small to see



## Too big to ignore

This is a House Dust Mite. Thousands just like it are found in even the cleanest homes, especially in the mattresses, carpets and curtains of bedrooms. Although they are microscopic, House Dust Mites release powerful allergens into the air which act as major trigger factors in asthma, eczema and perennial rhinitis amongst sensitive patients.

Actomite offers simple and effective action which can minimise the threat, with the minimum of effort. Actomite is an easy-to-use CFC-free spray which contains the pyrethroid S-bioallethrin. It destroys House Dust Mites, their larvae and eggs, significantly reducing their numbers for up to 3 months after a single treatment. And for chronic asthma and eczema sufferers it's VAT-free.\*

So recommend Actomite and protect your customers from the risks of the House Dust Mite.

**ACTOMITE**  
kills HOUSE DUST MITES



Actomite contains S-bioallethrin and bioallethrin. Actomite is a trademark of G. D. Searle & Co.

\*Only chronic asthma/eczema sufferers are eligible.

VAT-free\*

# showcase



## New products and lower prices make 1994 Piz Buin's year

Following a successful 1993, which saw a 34 per cent increase in brand share, Zyma Healthcare's Piz Buin has five new products and lower prices.

The new products include SPF 15 Sensitive, £8.25, SPF 10/6 Combi, £9.50, and SPF 10 Lotion, £7.95. All have been introduced to cater for a trend towards the use of higher SPF products.

The other new products are SPF 4 Lotion, £11.00, which is a larger-sized family pack and Aftersun Anti-Mosquito Lotion, £6.95, which combines a

moisturising lotion with mosquito repellent.

All five new products offer "Triple Protection" combining waterproof protection with UVA and UVB filters and micro-pigments.

Hand in hand with the new products is a 10 per cent price reduction across the range.

The new prices will mean, for example, that the SPF4/2 Combi which was £10.50 now retails at £9.50, the SPF 6 Lotion (was £8.25) is now £7.50, and the After Sun Lotion (was £6.95) is now £6.50. Zyma Healthcare. Tel: 0306 742800.

## Schiff food supplements for UK

including barley juice, bee pollen, vegetables, fruits and oils, there are 14 products in the range.

They are: whole food enhanced beta carotene, 60, £4.15; cod liver oil, 60, £4.15; B complex, 50, £7; vitamin C 500mg, 60, £5.93 and 1,000mg, 30, £6.06; vitamin E 400iu, 50, £2.95; multivitamins with minerals, 30, £5.45, 60, £9.80; children's chewable multivitamins with minerals, 50, £3.99; evening primrose oil, 30, £5.35; ginseng, 50, £4.50; garlic, 50, £3.15; royal jelly, 30, £6.15.

Weider also have a counter display unit and PoS material. Weider Health & Fitness. Tel: 0535 632294.

Weider have introduced a range of food supplements to UK pharmacies.

Made from extracts

## Plenitude gets new moisturiser and sensitive products

L'Oréal have extended their Plenitude skincare range with the launch of a new overnight moisturiser and two products to cater for sensitive skin.

Advanced Overnight Replenisher has a light, non-greasy texture and is said to be suitable for all skin types. It contains a hydroxiacid complex, said to help lift off dead cells, plus shea oil, apricot kernel oil and vitamin E. It is available in a pot, £5.99, and a tube, £4.99.

Initially there will be a £2 cash back on the pots and £1 on the tubes. There is also a 15ml trial size which comes with a £1 off next purchase coupon.

The two new sensitive products are Plenitude Ultra Gentle Cleansing Milk, £3.39, said to cleanse skin without irritating or drying, while Pure Moisturising Toner, £3.39, is an alcohol-free product. L'Oréal. Tel: 071-937 5454.



Over the Counter has 30 samples of Advanced Overnight Replenisher (40ml pot), and 30 samples each of the Ultra Gentle Cleansing Milk and the Pure Moisturising Toner for assistants to try.

Send your name, address and name of your pharmacy to Over the Counter/Plenitude Offer, C&D, Benn House, Sovereign Way,

Tonbridge, Kent TN9 1RW stating whether you'd like to try the Overnight Replenisher or the sensitive products. The first names out of the bag on March 7 will get the products.



## Oil of Ulay restructures to offer Special Care

The Oil of Ulay range has been restructured to provide a distinct Special Care Line of five intensive action products, including two new variants.

The move follows research that showed that while 55 per cent of women believe they

have good skin, the remaining 45 per cent say they have skin with special needs.

The new Special Care Line is distinguished from the standard range by new packaging incorporating a black rim at the top.

The two new products



in the range are New Skin Discovery, £7.99, and Intensive Nourishing Cream, £5.99.

The former is described as a unique combination of a hydroxy compound and moisturisers said to work on three levels to improve the skin's texture, support the natural process of skin renewal and provide moisture.

The Intensive Nourishing Cream is the most intensive moisturiser in the Oil of Ulay range. It provides long-term moisturisation and intensive nourishment yet is easily absorbed and non-greasy, says the company.

Other products in the Special Care Line are Anti-UV Moisture Complex in cream and fluid formulations and Eye Contour Gel. Procter & Gamble (Health & Beauty Care) Ltd. Tel: 0784 434422.



## Neutrogena get medicated

Neutrogena have launched a range of four medicated skincare products for combination and spot-prone skin.

Targeted at women in the 16-24 age group, the range includes "Miracle" products, the range was developed in consultation with acne specialist Dr Tony Chu and is supported by the acne Support Group. The range includes a facial cleansing bar, £3.95, which is mild, soap-based and fragrance-free. This will replace the current

variant for oily skin. There is also a Facial Wash, £3.95, and an alcohol-free Medicated Tonic, £3.95.

To complete the range there is an Invisible Treatment Stick, £3.95, which contains 0.15 per cent triclosan. This can be applied to the affected areas throughout the day and can be used over or under make-up.

The launch is being supported by Press ads, sampling and a schools poster campaign. Neutrogena (UK) Ltd. Tel: 0494 474787.

## Nivea Sun's six of the best

Nivea Sun range has been expanded with new products to meet the growing needs of people with sensitive skin.

The products include the Active Hydro-lotions which have unique formulations and are free from emulsifiers, oil and colour.

For suitable for sufferers of sun-induced skin irritation, the lotions are available in SPF8 and

SPF16, priced £6.99 and £7.99 respectively. There is also an aftersun lotion at £4.75.

For children there are three new products which are water-resistant, fragrance-free and contain micronised pigments.

Sun Sensitive for children comes in SPF10 and SPF18 lotions, both £7.99, and SPF14 in a cream, priced £5.99. Smith & Nephew. Tel: 021-327 4750.



## The week to gargle!

TCP is launching the first national Gargling Week on February 1. Headed by Dr Mike Smith, the Week will be introduced to promote gargling as an effective way to fight and soothe a sore throat and to promote the ease of gargling — "Sing away a sore throat" — to the public. Gargling leaflets and beakers are on offer to consumers and the campaign will also include a radio tour headed by Dr Mike Smith during the week. Chemist Brokers. Tel: 0705 219900.



## Allergan get big with Oxysept



Oxysept and Oxysept 1 Step are now available in three-month packs through pharmacies. Originally these packs were only available from opticians.

The packs represent savings of 25 and 28 per cent for Oxysept and 1 Step respectively.

Allergan are also running their first national Press campaign for the Refresh range. Allergan Ltd. Tel: 0440 714800.

## It's no Mirage, it's the new Lynx



Elida Gibbs have unveiled the latest fragrance variant to join the Lynx range.

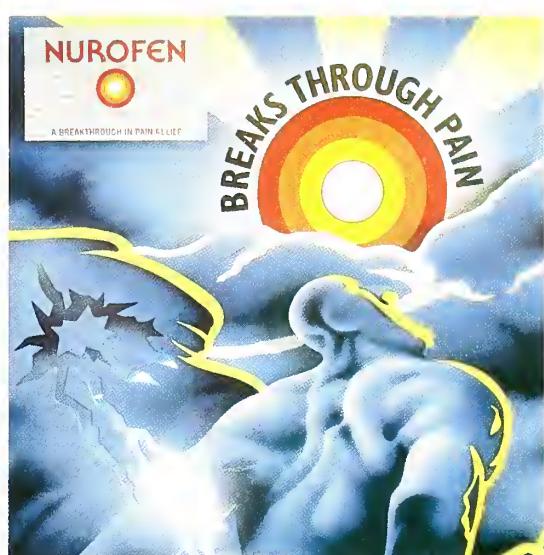
Called Mirage, the new fragrance is described as fresh, crisp and fruity with aromatic and spicy notes. It is said to appeal to young men who like the new, fresher fragrances.

Mirage will be available in all product formats — body spray, shower gel, after shave, roll-on, deodorant stick

and after shave cooling gel. It joins the existing fragrances — Tempest, Nevada, Java, Oriental and Alaska.

Lynx dominates the male toiletries market with a 15 per cent value share, giving it a 10 per cent lead over the market number two, says the company. The brand is growing at nearly three times the market rate.

Elida Gibbs Ltd. Tel: 071-486 1200.



The current TV commercial for Nurofen is the inspiration for a new "state-of-the-art" window display unit for the product. The unit incorporates a strobe light which flashes to simulate lightning and this triggers the Nurofen target to "dawn" from behind the cloud visuals, finally centering under the "Breaks through pain" sign. The target then retreats behind the clouds and the cycle repeats. With the season of tension headaches, colds and flu well under way, Crookes predict the new unit will go some way towards brightening up the New Year. Crookes Healthcare Ltd. Tel: 0602 507431.

## Cussons' Carex is now available nationally

Following a successful test market in East Anglia, Cussons are launching Carex, said to be the UK's first anti-bacterial moisturising hand wash, nationwide this month.

After only three months in the Anglian TV region, the company says Carex achieved a 30 per cent share of the

liquid soap market.

Ideal for all the family, Carex has been formulated in response to increasing public concern about hygiene in the home. It contains an anti-bacterial agent to kill germs as well as remove dirt. It also kills strong odours in a single wash.

Carex will retail at

£1.45, although for the first four weeks the introductory price will be £1.19. The launch is being supported by a national TV advertising campaign starting in March. Trial of the product will be encouraged in June by a 5 million sample drop. Cussons (UK) Ltd. Tel: 061-792 6111.



## Nicorette Mint Plus gum goes OTC

Pharmacia's Nicorette Mint Plus 4mg gum has been granted a P licence and is now available OTC from pharmacies.

The higher strength nicotine gum is designed for heavier smokers — those who smoke more than 20 cigarettes a day or who light up within 20



minutes of waking.

The 4mg gum provides higher blood levels of nicotine more quickly than the existing 2mg strength and has been proven to be twice as effective in the highly dependent smoker.

Customers should be reminded of the need to adopt the correct chewing technique — chewing the gum until a pronounced taste develops and then "parking" the gum next to the cheek to allow the nicotine to be adsorbed. A maximum of 15 pieces of gum should be chewed daily for three months after which the number used should be reduced gradually.

Nicorette Mint Plus is available in packs of 30 and 105 packs, priced at £6.99 and £18.99. Pharmacia. Tel: 0908 661101.



Malcolm, the popular 1970s advertising character whose "bunged up" problems were relieved with Vicks Sinex, is staging a come back. The character, whose mum first coined the phrase "Course you can, Malcolm" is now married and has a son, Malcolm Jr, who is the new hero of the advertising. Malcolm was brought back by popular demand, say manufacturers Procter & Gamble. Even though it's over 15 years since it was last shown, people still remember the ad's catchphrase. Procter & Gamble (Health & Beauty Care) Ltd. Tel: 0784 434422.

## Weleda launch Medicinal Gargle for sore throats

Weleda have launched a concentrated gargle, £3.85, for the relief of sore throats, mouth ulcers and tender gums.

The gargle contains extract of Krameria tincture in homoeopathic potency for its astringent properties to ease swelling and redness. Tincture of Myrrh complements the action of Krameria as well as contributing antiseptic, deodorant and healing

properties, says the company.

A few drops of the product are added to a glass of warm water and used as a gargle for sore throats. It can also be used as a mouthwash as part of the daily oral hygiene routine. Applied undiluted with a swab of cotton wool it helps soothe mouth ulcers and inflamed gums. Weleda (UK) Ltd. Tel: 0602 309319.



## Mentholatum bring cold relief to the bathroom with Mentholair

The benefits of a warm, relaxing bath and the inhalant properties of essential oils to help clear blocked noses have been combined by Mentholatum in their new product.

Mentholair Steam Bath contains a blend of natural essential oils including eucalyptus, menthol, peppermint, lavender, rosemary, lemon and lime, many of which have been used traditionally to help overcome cold symptoms. They are particularly beneficial

for blocked noses, sore throats and the general lethargy that Winter ills can cause.

In trials, the company found that consumers were very positive about the product. They particularly liked the fragrance and the way it helped clear their heads.

Mentholair Steam Bath, £2.95, comes in a bathroom-safe, plastic bottle with tamper-evident closure. The Mentholatum Company Ltd. Tel: 0734 343890.

## Tommee Tippee's Pur range gets a new look for the new year

Pur, Tommee Tippee's premium baby range, will have a new look for 1994. During the course

in blue on bottles.

There are four new designs in the 250ml bottle size available in



of the year, the brand will enjoy a major revamp involving new packaging, a brighter look for bottles and several innovations.

The first phase is in bottles, with the move away from pastels to co-ordinated designs and colours. A new twinpack, £3.29, features storks and rocking horses printed

twinpacks as well as singly, and three new designs in the 125ml size. There are tri-coloured, easy-grip screw caps and hoods to match each design.

The tops also feature on the latest nursery rhymes collection which has its own distinctive packaging. Jackel International Ltd. Tel: 091-250 1864.

## New Huggies hit the UK!

Huggies Ultrathin are a new range of nappies from Kimberly-Clark which promise to be more absorbent than ordinary nappies, but only half as thick.

Currently number one in the US, Huggies offer improved fit, better absorbency through a soft Drytouch liner, new leakage shields which prevent moisture seeping through onto the baby's legs, and curved leg and waist elastic.

They also feature

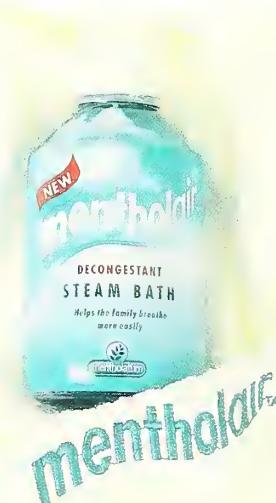


tissue-coated adhesive finger tabs to absorb fluid during changing. The taping area is decorated by one of 54 different designs.

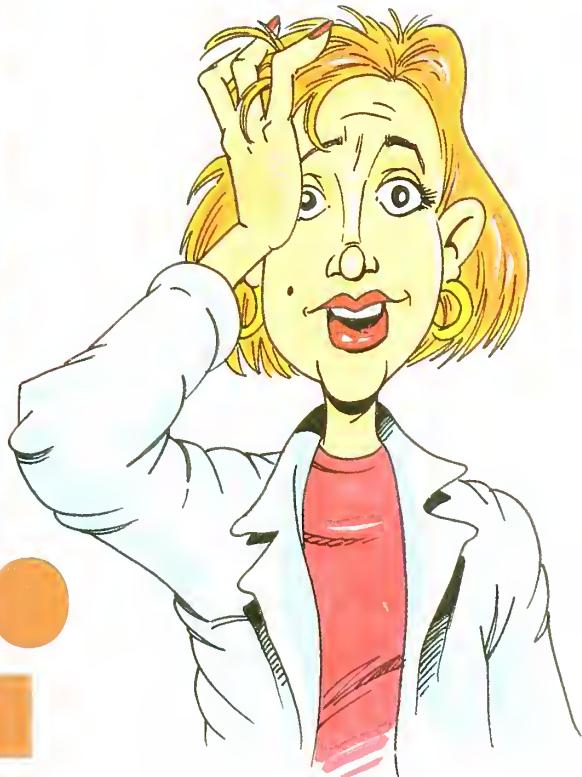
The unisex newborn nappy comes with a padded waistband to protect the umbilical cord and prevent any upward leaks. These retail at £4.99.

Convenience packs are available, in boy and girl variations, in mini, midi, maxi, maxi plus and junior sizes (£6.99). Jumbo packs are available in midi, maxi and maxi plus (£13.49).

Kimberly-Clark. Tel: 0622 717700.



# Over the Counter



Driving home from work tonight, I was really tempted to nip to the local off-licence, buy 20 cigarettes and have a quick puff while my husband was out for the evening. But I managed to grit my teeth and get home without buying any. Having done this I thought I would feel pleased with myself but, instead, I'm sitting here writing this, feeling thoroughly miserable with that familiar craving. This, by the way, is the third time I've tried to give up.

With the festive season over, dieting and not smoking seem as high as ever on everyone's list of New Year resolutions. Dieting is always a popular one, but this year in particular there seems to be genuine determination to kick the smoking habit. There are now all manner of products available to help people quit, including nicotine patches.

Having investigated all the available

material on the different patches, the only real difference that I can see is that some are 24-hour and others are 16-hour patches. When advising customers who wish to give up, the phrase "24-hour" seems to fill them with added confidence. It doesn't seem to matter what you say afterwards; once "24 hours" is mentioned, that's it. When a customer starts using the patches, we usually try and encourage them to give us feedback on them and, in turn, we try to support and encourage them through what is a difficult time — as I know only too well.

We try and remember which of our regular customers are trying to give up smoking and then we make a point of asking them how they're doing when they come in. We've got quite a good supply of leaflets full of the health facts about the damage smoking does and they don't pull any punches. If the customer's resolve starts to fail, a quick read of one of these usually puts them back on the right track.

By the way, I'll keep you posted on how I'm doing with my no-smoking resolution next time.

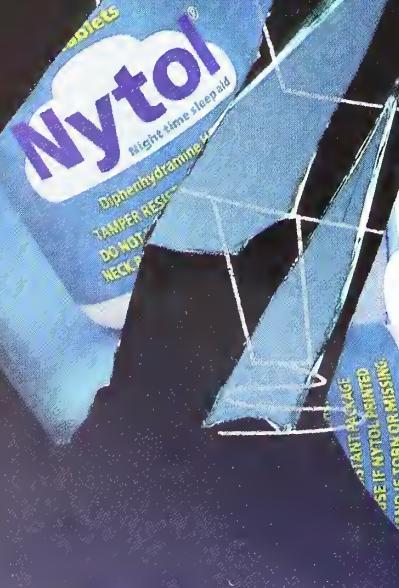
## MEANWHILE...

BY BAM!



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